PAPERWORK REDUCTION ACT USITC IMPORT INJURY INVESTIGATIONS GENERIC CLEARANCE SUBMISSION OMB CONTROL NUMBER 3117-0016

This form should only be used if you are submitting a collection of information for approval under the USITC import injury investigation clearance assigned OMB Control Number 3117-0016. Submit this form, responses to the supplemental questions (if necessary), the collection instrument, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, D.C. 20503.

If the collection does not satisfy the requirements of the program clearance, you should follow the regular PRA clearance procedures described in 5 CFR 1320.

described in 5 CFF	R 1320.										
Inv. no. & title	Xanthar	Xanthan Gum from Austria and China (731-TA-1202-03 (Final))									
Agency contact (p	person who	can best answ	ver questions ab	out the c	ontent	of the submis	sion)				
Name	Cynthia	Trainor	Phone	one 202-205-3354 E-mail cynthia.trai				ia.trainor@ι	usitc.gov		
Туре		USITC number ¹	Number of question-naires to be mailed	Burden hour estimates of the <u>actual</u> burden imposed (i.e., the number of <u>completed</u> questionnaires EXPECTED to be returned and the hours per response for a firm to (1) review instructions, (2) search data sources, and (3) complete and review its questionnaire response). Do NOT include anticipated certifications of non-applicability here.							
				Number respor (1)	nses	Hours per response (2)	Cost per hour (3)	Total burden hours (1) x (2)	Cost per response (2) x (3)	Cumulative burden hours ¹	
Producer questionnaire		13-1-3108	3			50	84.18	0	4,209	24,770	
mporter questionnaire		13-2-3109	30			40	87.44	0	3,498	25,970	
Purchaser questionnaire		13-3-3110	50			30	80.24	0	2,407	27,470	
Foreign producer questionnaire		13-4-3111	10			20	67.93	0	1,359	27,670	
							83.95	0	0	27,670	
								0	0	27,670	
Aggregate burden								0		27,670	
Obtain from the	Statistica	l Services Div	rision.								
Certification: The Control Number 3 /s/ Catherine Signature of F /s/ Catherine Signature of U	117-0016. DeFilippo Program O _j DeFilippo VSITC Pap	o fficial o erwork Cleara		this subn	I.	Date Date	uirement	of the OMB	approval for	·OMB	
Date submitted to OMB						approval re	eceived				

Instructions for Submission under USITC Import Injury Investigation Clearance.

- 1. Consult with the USITC Paperwork Clearance Officer to confirm that your survey meets the conditions for submission under this clearance.
- 2. If this collection or its subsequent analysis will employ statistical methods, complete Part B of the Supporting Statement for the Form 83-I.
- 3. Complete the cover sheet electronically and then print an sign it. As you enter data (or amend existing data) in columns 1 (number of responses), 2 (hours per response), and 3 (cost per hour), the form will automatically calculate the total burden hours, cost per response, and appropriate totals/averages. If you have no producer questionnaires, no importer questionnaires, no purchaser questionnaires, or no foreign producer questionnaires, please delete the hours per response value associated with the questionnaire(s) that you have no responses for. In other words, if you have no foreign producer questionnaires, delete the "20" in the hours per response column. The USITC Paperwork Clearance Officer will fill in the line marked "Cumulative Burden Hours under Program Clearance." Note: OMB will call the person listed as the Agency Contact to ask any questions about the survey.
- 4. Give the cover sheet, the answers to Part B (if appropriate), a copy of the survey, and any other helpful information to the USITC Paperwork Clearance Officer, who will review the materials, sign the cover sheet, and send the package to OIRA. You will be notified when the survey is approved under OMB Control Number 3117-0016. Do not conduct the survey until you receive this approval.