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.

Inv. no. & title 701-TA-510 and 731-TA-1245 (Preliminary): Calcium Hypochlorite from China

Agency contact (person who can best answer questions about the content of the submission)

Name	Joanna	Joanna Lo			20	2-205-1888	E-mai	l joann	joanna.lo@usitc.gov		
Туре			Number of question- naires to be mailed	Burden hour estimates of the <u>actual</u> burden imposed (<i>i.e., the</i> 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.							
		USITC number ¹		Number respons (1)		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		14-1-3184	2		2	50	84.18	100	4,209	11,480	
Importer questionnaire		14-2-3185	15		10	40	87.44	400	3,498	11,880	
Foreign producer questionnaire		14-4-3186	40		10	20	67.93	200	1,359	12,080	
Aggregate burden			57		22	32		704			
¹ Obtain from the	Statistica	l Services Div	vision.								
Certification: The collections of information requested by this submission meet the requirement of the OMB approval for OMB Control Number 3117-0016. _/s/ Catherine DeFilippo Signature of Program Official _/s/ Catherine DeFilippo											
Signature of U	SITC Pap	erwork Cleara	nce Officer			Date Date					
Date submitted to OMB			1	Date approval received							

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.