

**Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on the Service Delivery of the Consumer Financial Protection Bureau” (OMB Control Number: 3170-0024)**

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**1. TITLE OF INFORMATION COLLECTION:**

eRegulations External Survey

**2. PURPOSE:**

To learn how users are interacting with the CFPB’s eRegulations tool, and how the user interface can be improved.

**3. DESCRIPTION OF RESPONDENTS:**

Respondents will include industry compliance officers, consumer attorneys, and others who need to interact with CFPB’s regulations.

**4. TYPE OF COLLECTION:** (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                   | <input type="checkbox"/> Other: _____                            |

**5. FOCUS GROUP OR SURVEY:**

**If you plan to conduct a focus group or survey, please provide answers to the following questions:**

**a. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?**

Yes  No  Not Applicable

**b. If the answer is yes, please provide a description below. If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?**

The customer list will consist of eRegulation presentation participants, and eRegulations users who have submitted questions and/or comments via the tool’s feedback mechanism.

**6. PERSONALLY IDENTIFIABLE INFORMATION:**

- a. **Is personally identifiable information (PII) collected?**  Yes  No
- b. **If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?**  Yes  No  Not Applicable
- c. **If Applicable, has a System or Records Notice been published?**  
 Yes  No  Not Applicable

**7. GIFTS OR PAYMENTS:**

**Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?**  Yes  No

**8. ADMINISTRATION OF THE INSTRUMENT:**

- a. **How will you collect the information?** (Check all that apply)  
 Web-based or other forms of Social Media     Telephone  
 In-person     Mail  
 Other, Explain \_\_\_\_\_
- b. **Will interviewers or facilitators be used?**  
 Yes  No  Not Applicable

**9. BURDEN ESTIMATES:**

Information Collection	Number of Respondents	Participation Time	Burden Hours
Web-based Survey	500	10 minutes	83
<b>Totals:</b>	<b>500</b>	////////////////////	<b>83</b>

**10. FEDERAL COST:** The estimated annual cost to the Federal government is \$0

## 11. CERTIFICATION:

By submitting this document, the Bureau certifies the following to be true:

- The collection is voluntary.
- The collection is low-burden for respondents and low-cost for the Federal Government.
- The collection is non-controversial and does not raise issues of concern to other federal agencies.
- The results are not intended to be disseminated to the public.
- Information gathered will not be used for the purpose of substantially informing influential policy decisions.
- The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.
- The results will not be used to measure regulatory compliance or for program evaluation.

