PAPERWORK REDUCTION ACT SUBMISSION ctions before completing this form. For addition

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the supporting statement, 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, DC 20503.					
Agency/Sub agency originating request	2. OMB control number b. [x] None				
DOC/BIS/OTE	a. <u>0694</u> - <u>0119</u>				
3. Type of information collection (check one)	Type of review requested (check one) a. [x] Regular submission				
a. [x] New Collection	b. [] Emergency - Approval requested by/ c. [] Delegated				
b. [] Revision of a currently approved collection	c. [] Delegated				
c. [] Extension of a currently approved collection	5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? [] Yes [x] No 6. Requested expiration date a. [X] Three years from approval date b. [] Other Specify:_				
d. [] Reinstatement, without change, of a previously approved collection for which approval has expired					
e. [] Reinstatement, with change, of a previously approved collection for which approval has expired					
f. [] Existing collection in use without an OMB control number					
For b-f, note Item A2 of Supporting Statement instructions					
7. Title Defense Industrial Base Assessment: Strategic Materials					
8. Agency form number(s) (<i>if applicable</i>) None					
9. Keywords Industrial analysis, defense industrial base, critical technolog development, diminishing manufacturing sources and material shor challenges, supply disruptions, foreign sourcing and dependencies,	gies, design, engineering, test, integration, research and tages, supplier and program interdependencies, competitive best practices, supply chain network, components and services.				
Security Service (DSS) is undertaking a defense industrial base survey and a					
11. Affected public (Mark primary with "P" and all others that apply with "x") a Individuals or households d Farms b. P Business or other for-profit e Federal Government c Not-for-profit institutions f State, Local or Tribal	12. Obligation to respond (<i>check one</i>) a. [] Voluntary b. [] Required to obtain or retain benefits c. [x] Mandatory				
13. Annual recordkeeping and reporting burden a. Number of respondents 10,400 b. Total annual responses 10,400 1. Percentage of these responses collected electronically 99% c. Total annual hours requested 104,000 d. Current OMB inventory 305,000 e. Difference f. Explanation of difference 1. Program change 2. Adjustment	14. Annual reporting and recordkeeping cost burden (in thousands of dollars) a. Total annualized capital/startup costs0 b. Total annual costs (O&M)0 c. Total annualized cost requested0 d. Current OMB inventory0 e. Difference0 f. Explanation of difference 1. Program change0 2. Adjustment0				
15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>) a Application for benefits e Program planning or management b Program evaluation fP Research c General purpose statistics gx Regulatory or compliance d Audit	16. Frequency of recordkeeping or reporting (check all that apply) a. [] Recordkeeping b. [] Third party disclosure c. [x] Reporting 1. [] On occasion 2. [] Weekly 3. [] Monthly 4. [] Quarterly 5. [] Semi-annually 6. [] Annually 7. [] Biennially 8. [x] Other (describe) One-time				

Name: XXXXX, ICB Liaison for BIS Phone: (202) 482-XXXX	18. Agency Contact (person who can best answer questions regarding the content of this submission)	
Phone:(202) 482-XXXX		

OMB 83-I 10/95

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection if information encompassed by this request complies with 5 CFR 1320.9

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. The certification is to be made with reference to those regulatory provisions as set forth in the instructions.

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee	Date

Agency Certification (signature of Assistant Administrator or head of MB staff for L.O.S or of the Director of a Program or Staff Office)				
Signature	Date			
Eddie Donnell, Acting, Chief Information Officer for BIS				
Signature of BIS Clearance Officer				
Signature	Date			
Madeline Clayton, Departmental Clearance Officer				