

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1651-0136)**

**TITLE OF INFORMATION COLLECTION:** Preclearance Field Office U.S. Domestic Airport Stakeholder Feedback Form.

**PURPOSE:** The purpose of this information collection is to solicit information from impacted domestic airport authorities in order to gauge their awareness, understanding, attitudes, preferences of and experiences with CBP Preclearance, an existing and future service delivery.

**DESCRIPTION OF RESPONDENTS:** An email invitation will be sent to all airports designated by FAA’s National Plan of Integrated Airport Systems’ (NPIAS) as “large,” “medium,” or “small” hub airports within the 50 United States (131 airports in total) in the most recent Form 5010 Master Record.

**TYPE OF COLLECTION:** (Check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form         | <input 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 checked="" type="checkbox"/> Other: <u>Online survey</u> |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. 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.

Name: Jennifer Schroeder-Fawcett, Branch Chief,  
Preclearance Field Office, US Customs and Border Protection

To assist review, please provide answers to the following question:

**Personally Identifiable Information: Select either Yes or No for each question.**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No

**Gifts or Payments: Select one.**

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

## BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector & State, local, or tribal governments	131	15 minutes	32.75
<b>Totals</b>	<b>131</b>	<b>15 minutes</b>	<b>32.75</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$207,704. This is based on the number of hours required to complete (2800) multiplied by (x) the average hourly loaded rate under contract (\$74.18) = \$207,704.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. 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

If the answer is yes, please provide a description of both below (or attach the sampling plan)? 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?

Attached is a list of the 131 airports. The Preclearance Field Office will use publically available data, as well as the support of Airport Trade Associations, to identify the name and email address of each Airport Director (or equivalent professional) of the 131 airports identified and attached herein.

The collection does not require statistical rigor. While the 131 airports selected share a few basic characteristics, they are all ostensibly unique entities to and of themselves. The results of the survey will be qualitative in nature and not generalizable to the population of the survey as a whole.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

2. Will interviewers or facilitators be used?  Yes  No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

The following materials are submitted with this form: a version of the survey in MS Word, the survey as they will be presented online, and emails to be sent to the respondents (invitation, reminder).

## **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

### **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of Respondents.

**Participation Time:** Provide an estimate of the amount of time (in minutes) required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of Respondents and the Participation Time then divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

### **If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**