

**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 101002 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 CRF 1320

**Inv. No. & title:** Inv. No. 731-TA-1124 and 1125 (Review): Electrolytic Manganese Dioxide from Australia and China

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

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Burden hour estimates of the actual burden imposed (i.e., the number of completed 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.

Type	USITC Number	Number of questionnaires to be mailed	Number of responses (1)	Hours per response (2)	Cost per hour (3)	Total burden hours (1) x (2)	Cost per response (2) x (3)	Cumulative burden hours
Producer questionnaire	14-1- 3271	3	3	50	84.18	150	4,209	91,715
Importer questionnaire	14-2- 3272	15	15	40	87.44	600	3,498	92,315
Purchaser questionnaire	14-3- 3273	9	9	20	80.24	180	1,605	92,495
Foreign producer questionnaire	14-4- 3274	25	25	20	67.93	500	1,359	92,995
Notice of institution	14-5-				83.95	0	0	92,995
Other questionnaire: _____	14-					0	0	92,995
<b>Aggregate burden</b>			<b>52</b>	<b>27.5</b>		<b>1430</b>	<b>3,221</b>	<b>92,995</b>

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 USITC Paperwork Clearance Officer \_\_\_\_\_ Date \_\_\_\_\_

*/s/ Catherine DeFilippo*  
 Signature of USITC Paperwork Clearance Officer \_\_\_\_\_ Date \_\_\_\_\_

Signature of OIRA Officer \_\_\_\_\_ Date \_\_\_\_\_

Date submitted to OMB		Date approval received	
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