## Paperwork Reduction Act USITC Import Injury Investigations Generic Clearence 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

| Case identification information: (information relating to the import injury invesitgation for which questionnaires were issued under 3117-0016)   |                                |                     |                           |                   |                    |                      |                 |
|---|--------------------------------|---------------------|---------------------------|-------------------|--------------------|----------------------|-----------------|
| USITC investigation number  | 731-TA-1269                    |                     |                           |                   |                    |                      |                 |
| USITC title   | Silicomanganese from Australia |                     |                           |                   |                    |                      |                 |
| USITC phase   | Final                          |                     |                           |                   |                    |                      |                 |
| Agency contact: (person who can best answer questions about the content of the submission)  |                                |                     |                           |                   |                    |                      |                 |
| USITC contact name  | Michael Szustakowski           |                     |                           |                   |                    |                      |                 |
| USITC contact phone   | 202-(202) 205-3169             |                     |                           |                   |                    |                      |                 |
| USITC contact email   | michael.szustakowski@usitc.gov |                     |                           |                   |                    |                      |                 |
|   | LIGITO                         |                     |                           | 01                | <b>T</b>           |                      |                 |
|   | USITC<br>Number                | Number of responses | Hours per response        | Cost per<br>hour  | Total burden hours | Cost per<br>response | Total cost      |
| Туре  |                                | (1)                 | (2)                       | (3)               | (1) x (2)          | (2) x (3)            | (1) x (2) x (3) |
| U.S. producers' questionnaire   | 15-1-3408                      | 2                   | 50                        | 94.13             | 100                | 4,707                | 9,413           |
| U.S. importers' questionnaire   | 15-2-3409                      | 18                  | 40                        | 82.02             | 720                | 3,281                | 59,054          |
| U.S. purchasers' questionnaire  | 15-3-3410                      | 40                  | 25                        | 92.56             | 1000               | 2,314                | 92,560          |
| Foreign producers' / exporters' questionnaire   | 15-4-3411                      | 1                   | 25                        | 87.35             | 25                 | 2,184                | 2,184           |
|   |                                |                     |                           |                   | 0                  | 0                    | 0               |
|   |                                |                     |                           |                   | 0                  | 0                    | 0               |
|   |                                |                     |                           |                   | 0                  | 0                    | 0               |
| Case averages 61 30.246 204.673 1,845   |                                |                     |                           |                   |                    |                      |                 |
| _   |                                | 30.240              | 204.073                   | 1,045             | 2 675 502          |                      |                 |
| Average cost per response (e.g., average of (2) x (3) across the collection)  |                                |                     |                           |                   |                    | 2,675.593            | 163,211         |
| Total cost of the collection (e.g., sum of each (1) x (2) x (3))  Certification: The collections of information requested by this submission meet the requirement of the OMB approval for OMB Control Number 3117-0016. |                                |                     |                           |                   |                    |                      | 103,211         |
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| /s/ Catherine DeFilippo   |                                |                     |                           |                   | 10/29/2015         |                      |                 |
| ··  |                                |                     |                           |                   | Date               |                      |                 |
| 1 1   |                                |                     |                           |                   | 10/29/2015         |                      |                 |
| Signature of USITC Paperwork Clearance Officer  |                                |                     |                           |                   | Date               |                      |                 |
|   |                                |                     |                           |                   |                    |                      |                 |
| Signature of OIRA Officer   |                                |                     |                           |                   | Date               |                      |                 |
| Date submitted to OMB Date approval received  |                                |                     |                           |                   |                    |                      |                 |
|   | · ·                            |                     |                           |                   |                    |                      |                 |