

# PAPERWORK REDUCTION ACT SUBMISSION

**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.**

1. Agency/Sub agency originating request DOC/BIS/OTE	2. OMB control number <span style="float: right;">b. <input type="checkbox"/> None</span> a. <u>0694</u> - <u>0119</u>
3. Type of information collection ( <i>check one</i> ) a. <input checked="" type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note Item A2 of Supporting Statement instructions	4. Type of review requested ( <i>check one</i> ) a. <input checked="" type="checkbox"/> Regular submission b. <input type="checkbox"/> Emergency - Approval requested by ___/___/___ c. <input type="checkbox"/> Delegated 5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 6. Requested expiration date a. <input checked="" type="checkbox"/> One year from approval date b. <input type="checkbox"/> Other Specify:
7. Title Defense Industrial Base Assessment: Information Communications Technology (ICT) Software Manufacturers and Resellers	
8. Agency form number(s) ( <i>if applicable</i> ) None	
9. Keywords Industrial analysis, defense industrial base, information communications technology (ICT), product, anti-virus, embedded, hardware, software, integration, design, telemetry, communication, network, access, data, manufacture, models, supply chain network, components and services, cybersecurity.	
10. Abstract The U.S. Department of Commerce (DOC), Bureau of Industry and Security (BIS), Office of Technology Evaluation, is conducting a survey and assessment of the types of select security-related hardware and software products developed, manufactured, or marketed for use in information network devices and systems. The assessment, requested by the Department of Defense and Department of Homeland Security, covers a range of topics including technology sharing, information network devices incorporating software, software design and manufacturing, product end users, and related supply chain issues. Information on company finances, research and development spending, and capital expenditures also is collected in this assessment. The resulting aggregate data and subsequent analysis will allow the U.S. Government and industry to understand the extent to which certain types of information network technology is employed in products sold by companies operating in the United States. This data collection will also enable industry and government policy officials to benchmark industry practices and to raise awareness of potential issues of concern.	
11. Affected public ( <i>Mark primary with "P" and all others that apply with "x"</i> ) a. <input type="checkbox"/> Individuals or households    d. <input type="checkbox"/> Farms b. <input checked="" type="checkbox"/> Business or other for-profit    e. <input type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions    f. <input type="checkbox"/> State, Local or Tribal Government	12. Obligation to respond ( <i>check one</i> ) a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input checked="" type="checkbox"/> Mandatory
13. Annual recordkeeping and reporting burden a. Number of respondents <u>1,000</u> b. Total annual responses <u>1,000</u> 1. Percentage of these responses collected electronically <u>99%</u> c. Total annual hours requested <u>14,000</u> d. Current OMB inventory <u>136,700</u> e. Difference <u>122,700</u> f. Explanation of difference 1. Program change 2. Adjustment	14. Annual reporting and recordkeeping cost burden ( <i>in thousands of dollars</i> ) a. Total annualized capital/startup costs <u>0</u> b. Total annual costs (O&M) <u>0</u> c. Total annualized cost requested <u>0</u> d. Current OMB inventory <u>0</u> e. Difference <u>0</u> f. Explanation of difference 1. Program change <u>0</u> 2. Adjustment <u>0</u>
15. Purpose of information collection ( <i>Mark primary with "P" and all others that apply with "X"</i> ) a. <input type="checkbox"/> Application for benefits    e. <input type="checkbox"/> Program planning or management b. <input type="checkbox"/> Program evaluation    f. <input checked="" type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics    g. <input checked="" type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit	16. Frequency of recordkeeping or reporting ( <i>check all that apply</i> ) a. <input type="checkbox"/> Recordkeeping    b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion    2. <input type="checkbox"/> Weekly    3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly    5. <input type="checkbox"/> Semi-annually    6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially    8. <input checked="" type="checkbox"/> Other (describe) <u>One-time</u>
17. Statistical methods Does this information collection employ statistical methods <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Agency Contact (person who can best answer questions regarding the content of this submission) Name: <u>XXXXXX, ICB Liaison for BIS</u> Phone: <u>(202) 482-XXXX</u>

## 19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of 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
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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

Mark Crace, BIS Clearing Officer

Signature of BIS Clearance Officer

Signature

Date

Sheleen Dumas, Departmental Clearance Officer