## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2010-0042)

**TITLE OF INFORMATION COLLECTION:** Customer Experience Survey for Pesticide Registrants for New Registration and/or Registration Review

**PURPOSE:**

All pesticides sold or distributed in the United States must be registered with EPA’s Office of Pesticide Programs (OPP), as required under the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA). In addition, OPP periodically reviews existing registered pesticides to ensure they can be used safely, without unreasonable risks to human health and the environment.

OPP intends to use this survey to strengthen the relationship with pesticide registrants and provide improved registration and registration review service to these core customers. OPP would use the responses to gain a better understanding of registrants’ needs with respect to these processes, and to provide more valuable, consistent, and timely support.

**DESCRIPTION OF RESPONDENTS**:

Entities that seek new registration(s) of pesticide products or manage the registrants’ role in the registration review of their registered product(s).

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

[ ] Customer Comment Card/Complaint Form [X] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software) [ ] Small Discussion Group

[ ] Focus Group [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 :\_\_Joe Hogue, OCSPP/OPP, hogue.joe@epa.gov\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [ X] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ X] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [X] No

**Gifts or Payments:**

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

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **Participation Time** | **Burden Hours** |
| Total entities | 200 | 20 minutes per response | 67 |

**FEDERAL COST:** The estimated annual cost to the Federal government is\_\_\_$58,500\_\_\_\_\_\_

**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? [X] 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?

EPA has a list of companies that hold registrations, and trade associations that represent companies. This list would be used to identify respondents. It is not a randomized list, in that EPA is interested in hearing back from the customers that hold or seek pesticide registrations, and the staff in companies who work with the Office of Pesticide Programs to complete registrations or make changes to labels.

**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

[X] Other, Explain: Emailed form

1. Will interviewers or facilitators be used? [ ] Yes [X] No

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