

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

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**TITLE OF INFORMATION COLLECTION:**

2018 U.S. Customs and Border Protection Trusted Traveler Programs Customer Feedback Survey

**PURPOSE:**

This survey will be conducted on behalf of U.S. Customs and Border Protection (CBP), an agency of the Department of Homeland Security (DHS). The purpose of the survey is to gather customer satisfaction data and feedback on the launch of the new Trusted Traveler Programs (TTP) website. In addition, the data gathered will assist CBP when launching or enhancing new public-facing websites in the future.

**DESCRIPTION OF RESPONDENTS:**

The *2018 U.S. Customs and Border Protection Trusted Traveler Programs Customer Feedback Survey* will be imbedded into the TTP website registration process. Survey respondents will include those who are currently going through, or have recently completed the TTP registration process, and will range in awareness of CBP, age, psychographics, demographics, and past experiences.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" 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 type="checkbox"/> 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: \_\_Trish Gleason\_\_

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 [ X] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Time Per Response	Total Burden
Individuals or Households	~500	10 minutes	.166	83 hours
<b>Totals</b>	~500	10 minutes		83 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is the cost of the SurveyMonkey (survey instrument) Premier License. This is \$1,118 annually.

**Public Cost:** The estimated cost to the respondents is \$3,988. This is based on the estimated burden hours (83) multiplied by (x) the average hourly wage rate for all-purpose air travelers (\$48.05). CBP calculated this wage rate by adjusting the U.S. Department of Transportation’s (DOT) recommended hourly values of travel time savings for intercity, all-purpose travel by air and high-speed rail (\$47.10 in 2015 U.S. dollars) to 2017 U.S. dollars using DOT’s recommended annual growth rate of 1.0 percent.<sup>1</sup>

**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 [X] 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?

The survey will be included on the TTP website, so the potential group of respondents will be users who are currently accessing, or have recently accessed the TTP website. Respondents will only be presented the survey once.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)
  - [X] Web-based or other forms of Social Media
  - [ ] Telephone
  - [ ] In-person
  - [ ] Mail
  - [ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [X] No

<sup>1</sup> Source: U.S. Department of Transportation, Office of Transportation Policy. *The Value of Travel Time Savings: Departmental Guidance for Conducting Economic Evaluations Revision 2 (2015 Update)*, “Table 4 (Revision 2-corrected): Recommended Hourly Values of Travel Time Savings for Intercity, All-Purpose Travel by Air and High-Speed Rail.” April 29, 2015. Available at <http://www.transportation.gov/sites/dot.gov/files/docs/Revised%20Departmental%20Guidance%20on%20Valuation%20of%20Travel%20Time%20in%20Economic%20Analysis.pdf>. Accessed June 20, 2017.

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

The following materials are submitted with this form: both versions of the survey in MS Word, the surveys as they will be presented online (HTML archive file), and emails to be sent to the respondents (invitation, reminder, and thanks/confirmation of receipt).

## **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.**