## Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 2125-0628)

TITLE OF INFORMATION COLLECTION: Pavement Surface Condition Workshop Survey

**PURPOSE:** Conduct customer satisfaction survey to determine interests and participation in proposed Pavement Resiliency Peer Exchanges.

**DESCRIPTION OF RESPONDENTS**: State DOT employees, Pavement Material Manufacturers, Academia working in Pavement Materials and Design.

[ ] Customer Comment Card/Complaint Form       [X] Customer Satisfaction Survey         [ ] Usability Testing (e.g., Website or Software       [ ] Small Discussion Group         [ ] Other: <u>Email Questionnaire</u>	TYPE OF COLLECTION: (Check one)	
	[] Usability Testing (e.g., Website or Software	[ ] Small Discussion Group

## **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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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:	Heather Dylla	
	- 5 -	

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

## **Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected? [ ] Yes [ X] No
- 2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ X ] No

3. If Yes, has an up-to-date System of Records Notice	(SORN) been pu	iblished? [ ] Yes	s [ ]No
<b>Gifts or Payments:</b> Is an incentive (e.g., money or reimbursement of expens participants? [ ] Yes [ X ] No	ses, token of app	reciation) provide	ed to
BURDEN HOURS			
Category of Respondent	No. of Respondents	Participation Time	Burden
State DOTs	40	10 minutes	6.66 hrs
Vendors, Consultants	15	10 minutes	2.5 hrs
Totals	55		9
<ul> <li>The selection of your targeted respondents</li> <li>1. Do you have a customer list or something similar that respondents and do you have a sampling plan for selection.</li> <li>If the answer is yes, please provide a description of both the answer is no, please provide a description of how you respondents and how you will select them?</li> <li>List of Contacts at participating DOTs and Industry.</li> <li>Please view spreadsheet for invitation list to peer exchange.</li> </ul>	ecting from this [ X] below (or attacl u plan to identif	universe? Yes [] No the sampling pl	an)? If
Administration of the Instrument  1. How will you collect the information? (Check all that [X] Web-based or other forms of Social Media [] Telephone [] In-person [] Mail [] Other, Explain  2. Will interviewers or facilitators be used? [] Yes [X]			