### **CERTIFICATION**

# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0579-0377)

TITLE OF INFORMATION COLLECTION: ePermits Applicant Satisfaction Survey

PURPOSE: The objective of the survey is to gauge user satisfaction with the ePermits systems

### **DESCRIPTION OF RESPONDENTS:**

The respondents are associated with universities or companies who are applying for USDA permits to import or transit plant, animal, or biotechnology materials.

TYPE OF COLLECTION: (Check one)	
	[X] Customer Satisfaction Survey [] Small Discussion Group [] Other:
CERTIFICATION:	
<ol> <li>I certify the following to be true:</li> <li>The collection is voluntary.</li> <li>The collection is low-burden for respondents and</li> <li>The collection is non-controversial and does no agencies.</li> <li>The results are not intended to be disseminated</li> <li>Information gathered will not be used for the purpolicy decisions.</li> <li>The collection is targeted to the solicitation of of experience with the program or may have experience</li> </ol>	to the public.  arpose of substantially informing influential opinions from respondents who have
Name:Mimi Fowler-Coristine	
To assist review, please provide answers to the following	owing question:
Personally Identifiable Information:  1. Is personally identifiable information (PII) colled 2. If Yes, will any information that is collected be Privacy Act of 1974? [ ] Yes [ ] No 3. If Yes, has an up-to-date System of Records No	included in records that are subject to the
Gifts or Payments: Is an incentive (e.g., money or reimbursement of exparticipants? [ ] Yes [X ] No	spenses, token of appreciation) provided to

#### **BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector	500	10 minutes	83 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is \$9,205

## 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?

The universe of potential respondents includes all registered users of the ePermits system. The survey will be an optional link on the ePermits system Home page. The survey will be available to all applicants, but it is estimated that only a small percentage will choose to complete the survey.

#### 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

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

Instructions for completing Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback"

**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 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 responses and the participation time and 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.