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PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM

TITLE OF COLLECTION: Automated Export System (AES)
OMB CONTROL NUMBER: 0607-0152
DIVISION/PROGRAM OFFICE: ITMD
AGENCY CONTACT: Kiesha Downs

TYPE OF INFORMATION COLLECTION REQUEST:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> | New collection | |
| <input checked="" type="checkbox"/> | Revision of a currently approved collection | [current expiration date: 3/31/2019] |
| <input type="checkbox"/> | Extension, without change, of a currently approved collection | [current expiration date:] |
| <input type="checkbox"/> | Reinstatement, without change, of a previously approved collection for which approval has expired | |
| <input type="checkbox"/> | Reinstatement, with change, of a previously approved collection for which approval has expired | |
| <input type="checkbox"/> | Existing collection in use without an OMB Control Number | |

PURPOSE OF COLLECTION:

Information collected from the U.S. principal party in interest through the AES record is used to compile the official U.S. Government statistics on U.S. exports or for use in the detection and prevention of exports of high technology items or military goods to unauthorized destinations or end users. The statistics along with U.S. import statistics are used to calculate the U.S. balance of trade, a leading economic indicator and part of the "Gross Domestic Product" compilation. These data are also used extensively in U.S. trade policy decisions and to monitor international trade agreements.

DATA COLLECTION START DATE: Ongoing

REQUESTED OMB EXPIRATION DATE: Three years from approval date Other date: []

60-DAY FEDERAL REGISTER CITATION: 83 FR 47129 **DATE PUBLISHED:** 9/18/2018

MANDATORY OR VOLUNTARY COLLECTION? Mandatory Voluntary N/A

IS THIS A REIMBURSABLE COLLECTION CONDUCTED BY CENSUS ON BEHALF OF ANOTHER AGENCY/ENTITY?

- Yes [Specify agency/entity:]
- No
- Shared Sponsorship [Specify agency/entity:]

LEGAL AUTHORITY(IES) FOR INFORMATION COLLECTION:

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Title 13 United States Code, Chapter 9, Section 301.

SURVEY INFORMATION:

What is the source of the sampling frame for this collection? **No sample.**

What are the mode(s) for collection? Paper Internet Computer Assisted Personal Interviewing (CAPI)

Computer Assisted Telephone Interviewing (CATI) Other

PUBLIC BURDEN:

Average Estimated Time per Response: Hours **3** Minutes

ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:

Number of Respondents **287314**

Number of Responses **17315950**

Requested Annual Burden Hours **8657980**

Current Annual OMB Inventory **760941**

Difference (+, -) **+104857**

Reason for Difference in Burden Hours: Program Change Adjustment No Difference

Explanation of Difference (if applicable): **Adjustment. Increase in the number of transactions reported annually**

PRIVACY ACT (PA):

Is this collection a Privacy Act System of Records? No Yes - *If yes, a Privacy Act Statement that identifies the appropriate Systems of Records Notice (SORN) is required.*

TITLE 13 CONFIDENTIALITY:

Is this collection of information confidential under Title 13, Section 9? Yes No

If yes, has the confidentiality pledge been updated per the Federal Cybersecurity Enhancement Act of 2015¹? Yes No

Has the respondent messaging been reviewed and updated in the collection materials per the "Updates to Census Bureau Confidentiality Messaging and PRA Required Language" memo, if applicable? Yes No

¹ Please refer to the "[Updates to Census Bureau Confidentiality Messaging and PRA Required Language](#)" Memo

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| PLACEMENT OF REQUIRED PAPERWORK REDUCTION ACT AND PRIVACY ACT LANGUAGE: In the table below, please indicate where the following PRA/PA statement requirements are located in the respondent materials: | | | | | | | | |
|---|-----|--------------|--------------------------|--------------------------|--------------------------|--------------------------|------------|-------------------------------------|
| Required PRA/PA Language | PRA | PA Statement | Invitation letter | FAQs | Collection Instrument | Instructions | Other | N/A |
| Reason/purpose for the information collection, including the way the information will be used. | X | X | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | User Guide | <input type="checkbox"/> |
| The legal authority(ies) that authorize the collection of information. | X | X | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | User Guide | <input type="checkbox"/> |
| Whether responses are mandatory or voluntary (citing the authority) | X | X | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | User Guide | <input type="checkbox"/> |
| The nature and extent of confidentiality to be provided (if any) citing authority | X | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | User Guide | <input type="checkbox"/> |
| An estimate of the average respondent burden together with a request that the public direct to the agency any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden | X | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | User Guide | <input type="checkbox"/> |
| OMB control number | X | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | User Guide | <input type="checkbox"/> |
| A statement that an agency may not conduct (and a person is not required to respond to) an information collection request unless it displays a currently valid OMB control number. | X | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | User Guide | <input type="checkbox"/> |
| Published routine use for which information is subject and citation to relevant SORN | | X | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| The effects on the individual for not providing the requested information | | X | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| Comments: | | | | | | | | |
| ADDITIONAL INFORMATION: Please include any special circumstances or other information that would help expedite the review of this package (ex. if the collection is at the request of a congressional inquiry). | | | | | | | | |
| | | | | | | | | |