

**Request for Approval under the "Generic Clearance for Improving
Customer Experience: OMB Circular A-11, Section 280
Implementation"
(OMB Control Number: 0690-0035)**

TITLE OF INFORMATION COLLECTION: Trademark application
prosecution - office actions survey

PURPOSE OF COLLECTION:

USPTO wants to collect customer feedback on the office actions (i.e., official letters) it sends during trademark application prosecution. The feedback will be used by the business unit to gain insight into and improve the customer experience during application prosecution, specifically when receiving non-final office actions.

TYPE OF ACTIVITY: (Check one)

- Customer Research (Interview, Focus Groups)
- Customer Feedback Survey
- User Testing

ACTIVITY DETAILS

1. How will you collect the information? (Check all that apply)

- Web-based or other forms of Social Media
- Telephone
- In-person
- Mail
- Other, Explain

2. Who will you collect the information from?

Surveys will be sent to a randomized 2% sampling of customers who previously filed an initial trademark application and now received a non-final office action. A "non-final office action" is a formal written response from the USPTO regarding their trademark application.

3. How will you ask a respondent to provide this information?

Respondents will receive an email with a link to the survey.

4. What will the activity look like?

When a respondent selects the link from the email, the survey will open in their web browser. The survey appears on a single webpage with brief instructions at the top of the page. After responding to the questions, a respondent selects the Submit

button. The respondent is then redirected to a confirmation and thank you page.

5. Please provide your question list.

See attached spreadsheet, "USPTO-Trademarks-OfficeAction-QuestionList.xlsx" for full question list with branching logic.

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

See attached spreadsheet, "USPTO-Trademarks-OfficeAction-QuestionList.xlsx" for instructions in the "Welcome and Thank You Text" worksheet.

6. When will the activity happen?

This survey will be sent on a weekly basis to those who received a non-final office action over the preceding week. A customer will only receive one survey invitation even if they received multiple non-final office actions over the preceding week. After a customer receives a survey invitation, they will not receive another survey invitation for the next 90 days even if they receive another non-final office action during that time.

7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

Yes No

If Yes, describe:

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals: Customers who complete the survey	252	5 minutes	21
Private Sector: Customers who complete the survey	8,121	5 minutes	677
State, local, or tribal governments: Customers who complete the survey	376	5 minutes	31
Totals	8,749		729

CERTIFICATION:

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per

respondent) and are low-cost for both the respondents and the Federal Government;

3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any 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 near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes; and,
7. Information gathered will only be shared publically in the manner described in the umbrella clearance of this control number.

Name: Charles Thomas

All instruments used to collect information must include:

OMB Control No. 0690-0035

Expiration Date: 09/30/2023

HELP SHEET
(OMB Control Number: 0690-0035)

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.

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: 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.

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.