

## U.S. Department of State REQUEST FOR APPROVAL UNDER THE "GENERIC CLEARANCE FOR THE COLLECTION OF ROUTINE CUSTOMER FEEDBACK" OMB CONTROL NUMBER: 1405-0193

**Title of Information Collection** 

Consular Services: Nonimmigrant Visa Applicant Satisfaction Survey

### Purpose

The Bureau of Consular Affairs (CA) desires to assess nonimmigrant visa applicant satisfaction with a number of operational issues related to processing of nonimmigrant visas at approximately 200 consular sections overseas. Last year, CA adjudicated over 11 million nonimmigrant visa applications. To achieve good customer service and make appropriate use of scarce resources, CA would specifically appreciate feedback from nonimmigrant visa applicants on the quality of our visa information, the accessibility of that information, the convenience of our appointment systems, and the professionalism of consular personnel.

CA intends to use software to aggregate survey responses to facilitate the identification and analysis of global trends as well as provide each post the views of local respondents.

#### **Description of Respondents**

Respondents are foreign nationals who have applied for a nonimmigrant visa. Respondents may also be the parent or guardian of a minor who is seeking a nonimmigrant visa.

Type of	Collection:	(Check one)
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Customer Comment Card/Complaint Fo	rm
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Usability Testing (e.g., Web site or Software)

X Custom	er Satisfaction Survey
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Small Discussion Group

Other

### Certification

I certify the following to be true:

Focus Group

- 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 (Last, First, MI)	Title	
Signer Email Address	Alaned Using eforms	Date (mm-dd-yyyy)
barrycm@state.gov	A souther can be accrete	09-18-2015

Inst	ructi	ions

TO ASSIST REVIEW, PLEASE PROVIDE ANSWERS TO THE FOLLOWING QUESTIONS.					
Personally Identifiable Information					
1. Is personally identifiable information ( <i>PII</i> ) collected?		🗋 Yes	X No		
a. If Yes, is the information that will be collected included in rec	ords that are subject to the	Privacy Act of 1974? 🔲 Yes	No No		
2. If Applicable, has a System of Records Notice been published?		Yes	No		
Gifts or Payments					
Is an incentive (e.g., money or reimbursement of expenses, token o	of appreciation) provided to	participants?	X No		
BU	IRDEN HOURS				
Category of Respondent	Number of Respondents	Participation Time (Minutes)	Burden Hours		
Individuals or Households	30,000	5	2,500.00		
Totals	30,000	5	2,500.00		
	DERAL COST				
The estimated annual cost to the Federal government is	n - na	\$10,000.00	a op oak oan de armenige op groepe blest ween mining annan in Sport de z		
IF YOU ARE CONDUCTING A FOO	US GROUP, SURVEY, OR				
STATISTICAL METHODS, PROVIDE					
The selection of your targeted respondents					
<ol> <li>Do you have a customer list or something similar that defines the selecting from this universe? X Yes No</li> </ol>	he universe of potential resp	condents and do you have a s	ampling plan for		
If the answer is yes, please provide a description of both below of how you plan to identify your potential group of respondents	o (or attach the sampling pla and how you will select the	n). If the answer is no, please m.	e provide a description		
In those areas, where nonimmigrant visa applicants are by consular personnel during their visit to the visa unit survey while waiting in the consular section, or they ma	of the url or QR code for	r the survey. Applicants m	s would be informed ay thus take the		
Our greatest volume of nonimmigrant visa applicants reside in countries where internet access is widely available. Consular personnel will encourage applicants to respond to the survey during the last quarter of CY 2015. CA will then assess the utility of the methodology and consider how we might reach potential respondents who do not have reliable access to the internet in a cost effective manner.					
Administration of the Instrument					
1. How will you collect the information? (Check all that apply)					
Web-based or other forms of Social Media     Telephone					
Other, Explain					
2. Will interviewers or facilitators be used? 🔲 Yes 🕱 No					
PLEASE MAKE SURE THAT ALL INSTRUMENTS, INS	TRUCTIONS, AND SCRIPT	IS ARE SUBMITTED WITH T	HE REQUEST.		
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#### U.S. Department of State

# REQUEST FOR APPROVAL UNDER THE "GENERIC CLEARANCE FOR THE COLLECTION OF ROUTINE CUSTOMER FEEDBACK" OMB CONTROL NUMBER: 1405-0193 INSTRUCTIONS

**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.

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.

Number 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 by the participation time, and 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.

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