

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number 1513–0132)

TITLE OF INFORMATION COLLECTION:

Chemist Certification Module Customer Satisfaction Survey

PURPOSE:

As a condition of importation, some countries require certain chemical analyses on imported alcohol beverages and allow a person certified by the government of the exporting country to perform the required analyses. As a service to the alcohol industry to facilitate the export of domestic alcohol beverage products, the Alcohol and Tobacco Tax and Trade Bureau (TTB) has established its Voluntary Chemist Certification Program for the Analysis of Wine, Distilled Spirits, and Beer for Export to provide a method by which private industry chemists may obtain TTB certification in the analysis of alcohol beverages. This certification allows TTB-certified chemists to analyze alcohol beverages and report the results of specific chemical analyses to the governments of importing countries. TTB’s chemist certification is valid for 2 years, and persons who wish to remain certified must reapply to the program before their current certification expires.

To increase efficiency and reduce respondent burden, TTB is developing an online module for its Chemist Certification Program to replace the current paper-based certification application process (see OMB No. 1513–0140). As part of the online module development process, TTB desires to conduct a customer satisfaction survey for the current paper-based chemist certification application process. The results of this pre-deployment customer satisfaction survey will provide TTB with baseline on how satisfied applicants to the TTB Chemist Certification Program are with the current process. A follow-up post-deployment customer satisfaction survey (not part of this collection approval request) will provide insight into whether the new TTB chemist certification module has improved their experience with the certification process.

DESCRIPTION OF RESPONDENTS:

All respondents are the current TTB certified chemists who have provided TTB with an email address.

TYPE OF COLLECTION: (Check one)

- ☐ Customer Comment Card/Complaint Form ☒ Customer Satisfaction Survey
☐ Usability Testing (e.g., Website or Software) ☐ Small Discussion Group
☐ Focus Group ☐ Other: _____.

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 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: Christopher Rollman

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? ☐ Yes ☒ No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? ☐ Yes ☐ No ☒ N/A
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?
 ☐ Yes ☐ No ☒ N/A

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? ☐ Yes ☒ No

BURDEN HOURS:

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Total Responses	Completion Time per Response	Burden Hours
Federal Government	0	0	0	0	0
State, Local & Tribal Government	0	0	0	0	0
Private Sector	250	1	250	5 minutes	21 hours

Totals	250	1	250	5 minutes	21 hours
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FEDERAL COST:

The estimated annual cost to the Federal government is \$700.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

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? ☒ 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.

We plan to compile a list of email addresses submitted to TTB and held in our TTB Chemist Certification Database. TTB will examine the overall list and email addresses corresponding to expired certifications will be removed. Additionally, any duplicate email addresses will be removed.

Once the list of email addresses is perfected, we plan to send an email survey invitation to all email addresses on the list. The invitation will contain a direct link to the survey, which will be housed on SurveyMonkey, an external website. The survey will be open for one month. Halfway through that month, a second, follow up email will be sent reminding the invitees to take the survey. At the end of the one-month time period we will stop administering the survey and compile the results.

ADMINISTRATION OF THE INSTRUMENT

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. Will interviewers or facilitators be used? ☐ Yes ☒ 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:

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.