# PAPERWORK REDUCTION ACT
# USITC IMPORT INJURY INVESTIGATIONS
# GENERIC CLEARANCE SUBMISSION
# OMB CONTROL NUMBER 3117-0016

This form should only be used if you are submitting a collection of information for approval under the USITC import injury investigation clearance assigned OMB Control Number 3117-0016. Submit this form, responses to the supplemental questions (if necessary), the collection instrument, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, D.C. 20503.

If the collection does not satisfy the requirements of the program clearance, you should follow the regular PRA clearance procedures described in 5 CFR 1320.

| **Inv. no. & title** | Inv. Nos. 701-TA-506-508 and 731-TA-1238-1243 (Preliminary): Non-oriented electrical steel from China, Germany, Japan, Korea, Sweden and Taiwan |
|---|---|

**Agency contact** (*person who can best answer questions about the content of the submission*)

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| **Type** | **USITC number[1]** | **Number of question-naires to be mailed** | **Burden hour estimates of the actual burden imposed (*i.e., the number of completed questionnaires EXPECTED to be returned and the hours per response for a firm to (1) review instructions, (2) search data sources, and (3) complete and review its questionnaire response*). Do NOT include anticipated certifications of non-applicability here.** | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | **Number of responses (1)** | **Hours per response (2)** | **Cost per hour (3)** | **Total burden hours (1) x (2)** | **Cost per response (2) x (3)** | **Cumulative burden hours[1]** |
| Producer questionnaire | 13-1-3179 | 1 | 1 | 50 | 84.18 | 50 | 4,209 | 7,290 |
| Importer questionnaire | 13-2-3180 | 33 | 20 | 40 | 87.44 | 800 | 3,498 | 8,090 |
| Purchaser questionnaire | 13-3- | | | 20 | 80.24 | 0 | 1,605 | 8,090 |
| Foreign producer questionnaire | 13-4-3181 | 39 | 20 | 20 | 67.93 | 400 | 1,359 | 8,490 |
| Notice of institution | 13-5- | | | | 83.95 | 0 | 0 | 8,490 |
| Other questionnaire _____ | 11- | | | | | 0 | 0 | 8,490 |
| Aggregate burden | | | 41 | 30 | | 1,250 | 3,221 | 8,490 |

[1] *Obtain from the Statistical Services Division.*

Certification: The collections of information requested by this submission meet the requirement of the OMB approval for OMB Control Number 3117-0016.

/s/ *Catherine DeFilippo*
*Signature of Program Official* *Date*

/s/ *Catherine DeFilippo*
*Signature of USITC Paperwork Clearance Officer* *Date*

_____ _____
*Signature of OIRA Official* *Date*

| Date submitted to OMB | | Date approval received | |
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