## 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	701-TA-458 and 731-TA-1154: Certain Kitchen Appliance Racks and Shelving (Preliminary)								
Agency contact									
Name	Joanna Lo			Phone	202-205-1	888	E-mail	@usitc.gov	
Туре			Neumb	f	Burden hour estimates of the <u>actual</u> burden imposed (i.e., the number of <u>completed</u> 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.				
		USITC number <sup>1</sup>	Number of question- naires to be mailed		Number of respondents (1)		lours esponse (2)	Total burden hours (1) x (2)	Cumulative burden hours <sup>1</sup>
Producer questionnaire		09-1-2691		10	10		50	500	500
Importer questionnaire		09-2-2692	20		20	40		800	1,300
Foreign producer questionnaire		09-4-2693	15		15	20		300	1,600
<sup>1</sup> 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.									
Signature of OIRA Official  Date  Date									
Date submitted to OMB					Date approval received				