

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2010-0042)**

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**TITLE OF INFORMATION COLLECTION:**

e-Manifest Electronic Manifest Questionnaire

**PURPOSE:**

Collect input from e-Manifest stakeholders about their experience with using electronic manifests in EPA e-Manifest system. the survey will attempt to gauge what users like, what they feel needs improvement, and what was their biggest challenge were when they started using electronic manifests.

**DESCRIPTION OF RESPONDENTS:**

This short questionnaire will be emailed to industry users who currently have active accounts and using electronic manifests in EPA’s e-Manifest system.

**TYPE OF COLLECTION:** (Check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form                    | <input type="checkbox"/> Customer Satisfaction Survey |
| <input checked="" type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group       |
| <input type="checkbox"/> Focus Group   | <input type="checkbox"/> 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: \_\_\_\_\_ David Graham \_\_\_\_\_

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

**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
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No

**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	Participation Time	Burden
Industry/Private	100	1 minutes	1.5 hours
<b>Totals</b>			

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_\_\_\$0\_\_\_\_\_

**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**

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?

The universe of potential respondents are industry users who are currently registered and using the EPA's e-Manifest system to use electronic manifests in lieu of paper manifests. Users are required to register with an email, all e-Manifest users who utilize electronic manifest will have an opportunity to respond.

#### **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