### STATEMENT OF REGISTRATION INSTRUCTIONS

#### General Notes:

- Complete all items. If "none" applies to an item, so state.
- If more space is required to complete an item, electronic attachment pages are available for most items.
- Important: Changes in the information contained in this application by law must be reported promptly in accordance with 22 CFR 122.4. Clearly identifying or otherwise highlighting the changed information will facilitate analysis.
- Block 1. Show the legal business name, physical office address, and telephone number of the registrant. No P.O. Box address accepted.
- Block 2. If you have been, or are currently, registered with the Directorate of Defense Trade Controls (PM/DDTC), give your PM/DDTC registrant code number.
- Block 3. For DDTC use only and should be left blank. Registrants will be advised of the fee schedule on the DDTC website. For renewals, registrants will be notified of their annual fee via mail 60 days prior to expiration date. Payment must be submitted by check or money order and must be in U.S. currency, payable through a U.S. financial institution. Cash and foreign currency will not be accepted. Make check or money order payable to "U.S. Department of State." Send to one of the addresses provided below.
- Block 4. Give the most applicable legal organizational description. If "other" is selected, explain legal organizational structure. Select one.
- Block 5. Indicate the nature of your business as a Manufacturer, Manufacturer/Exporter, or Broker of Defense Articles and Services (e.g., hardware, data, software, services) and select only one. Separate registration required for Broker. Manufacturer or Manufacturer/Exporter must be a U.S. person. Broker may be a U.S. person or a foreign person and the appropriate entry marked in Block 5.
- Block 6. Enter the date (mm-dd-yyyy), city, county, state, and country where your legal business, as listed in Item 1, commenced doing business. You must attach a copy of the document(s) issued by the government authority enabling you to engage in business in the U.S. (e.g. Articles of Incorporation) or foreign country, as appropriate.
- Block 7. Enter the full name, title, date (mm-dd-yyyy), place of birth (city, state, & country), social security number, complete physical home address, and country of citizenship (list all citizenships held, actual or pending, including whether or not you are a U.S. person under 22 CFR 120.15). No P.O. Box address accepted.
- Block 8. Enter U.S. Munitions List (USML) category (22 CFR 121), generic name, in addition the U.S. Government agency (if applicable) for USML articles manufactured, and/or exported, brokered, or defense services provided.
- Block 9. List U.S. defense-related subsidiaries/affiliates, wholly or partially owned by registrant for USML articles manufactured, and/or exported, or defense services provided. Telephone number is not mandatory but could facilitate analysis.
- Block 10. List defense-related foreign subsidiaries/affiliates, wholly or partially owned by registrant for USML articles manufactured, and/or exported, or defense services provided. Telephone number is not mandatory but could facilitate analysis.
- Block 11. Give complete name, address, and telephone number of parent company.
- Block 12. Is the registrant owned and/or controlled by foreign (non U.S.) person(s)? See 22 CFR 122.2 (c) for definition of ownership or control. If "Yes," you must explain in the transmittal letter the specific percentages of ownership and control held by each foreign (non U.S.) person.
- Block 13. Company entities or subsidiaries may not register separately.
- Block 14. The individual signing this form must be a senior officer empowered by the registrant. The signer must be a U.S. person unless the signer is a broker, which includes U.S. and non-U.S. persons. Violations and penalties are explained in 22 CFR 127.

Send to: Postal Mailing Address

U.S. Department of State
Directorate of Defense Trade Controls
Compliance and Registration Division
2401 E Street, NW, SA-1, Room H1200

Washington, DC 20522-0112

Send to: Express Mailing Address and Courier Delivery Address

U.S. Department of State

Directorate of Defense Trade Controls Compliance and Registration Division 2401 E Street, NW, SA-1, Room H1200

Washington, DC 20037

#### PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

**AUTHORITIES** U.S. Department of State's authorities to register persons engaged in the business of manufacturing, exporting, or importing any defense article or defense service are 22 USC 2778 (b) (1) (A) (i) and 22 CFR Part 122. The authorities to register brokers are 22 USC 2778 (b) (1) (A) (ii) (I) and 22 CFR 129.3 and 129.4.

**PURPOSE** The purpose of registration is to provide the U.S. Government with necessary information on individuals and entities engaged in certain manufacturing, exporting, and brokering activities.

**ROUTINE USES** The information solicited on this form is made available as a routine use to appropriate agencies whether Federal, State, local or foreign, for intelligence, law enforcement, and administrative purposes, or pursuant to a court order. It may also be used to send required reports to Congress about certain defense trade transactions.

**SOCIAL SECURITY NUMBER** Disclosure of the social security number(s) is voluntary and for the purpose of facilitating coordination with the Department of Treasury to review the registration statement for law enforcement concerns in accordance with 22 USC 2778 (b) (1) (B). Refusal to provide requested social security number, by itself, will not result in registration being denied, but may result in delays in the processing of a registration request.

\*Public reporting burden for this collection of information is estimated to average 2 hours per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/ISS/DIR) Washington, DC 20520.

DS-2032 Instruction Page 1 of 1 06-2008



U.S. Department of State

STATEMENT OF REGISTRATION
(SEE INSTRUCTIONS PAGE)
(Attach additional sheet if necessary)

OMB APPROVAL NO 1405-0	002
EXPIRATION DATE 09/30/20	800
*ESTIMATED BURDEN 2	

Hours
PM/DDTC Date Received (mm-dd-yyyy)

New Registrant Code

1. Registrant's Name and Addre	SS	2. Current Registration	Code (if applicable)
		☐ Manufacturer	
a. Name		☐ Broker	
		3. For DDTC Use Only	
b. Doing Business As		\$ Enclose	d (for 12 month registration)
c. Physical Street Address		4. Registrant Is:	☐ Partnership Company
			Other
d. Apt. (no P.O. Box)			rer
e. City		□ Broker <i>—</i>	US Person Foreign Person
f. State/Province			- Totalgrif order
g. Country			nmencement of Business:
h. Zip/Postal Code		Date (mm-dd-yyyy)	
Telephone Number (Country/	Area Code)	ln	
For Number (County / Area C	- da)		
Fax Number (Country/Area C	ode)	City, Cou	nty, State, and Country
7. Directors, Officers, Partners, Officers		,	lanca Address
<u>Name</u> a. Last	Date of Birth (mm-dd-yy) Place of Birth	·	lome Address a. Physical Street Address
a. Last	a. City		a. 1 Hysical Offeet Address
b. First			
	b. State/Province	_	b. Apt. (no P.O. Box)
c. Middle			c. City
d. Citizenship(s)	c. Country		d. State/Province
e. Social Security Number			e. Country
			f. Zip/Postal Code
f. Position			
☐ Additional page(s) attached			

U.S. Munitions List Articles Manufactured an	na/or Exported, Brokered, or Detense Ser	vices Provided: Purchasing U.S. Government
Category	Commodity/Service	Agency (If Any)
Additional page(s) attached		
<ol><li>Names and Addresses of Registrant's Wholl Partially-Owned U.S. Subsidiaries/Affiliates:</li></ol>	y- and 10. Names and Addresses of Partially-Owned Foreign	
☐ Yes (Specify) ☐ No	☐ Yes (Specify)	No
a. Name	a. Name	
b. Physical Street Address (no P.O. Box)		
c. City		
d. State/Province	d State/Dravings	
e. Zip/Postal Code		
f. Telephone Number (Country/Area Code)	f. Zip/Postal Code	
ii reispiisiis riamssi (eeamiy// iisa eeas)	g. Telephone Number (Cou	ntry/Area Code)
-	g. relephone Number (odd	Tilly/Aica Gode)
Additional page(s) attached	Additional page(s) attach	ned
11. Name, Address, and Telephone Number of	12. Is The Registrant Ow	vned And/Or Controlled
Registrant's Parent Company (if any)	D. F	OFD 100 0 (=1)
a. Name	By Foreign Persons (22	
b. Physical Street Address (no P.O. Box)	Yes (Specify)	No
	13. Does Registrant Submit F	ederal Income Tax Forms
	Separately From Company in	
c. City	Yes	No
d. State/Province		
e. Country		
f. Zip/Postal Code		
g. Telephone Number (Country/Area Code)		
	<del></del>	
Additional page(s) attached		
<ol> <li>Registrant's Statement: Under Penalty According to Federal Law (see 2)</li> </ol>	2 CFR 127; 22 USC 2778, 18 USC 1001)	
I.	Warrant The Truth of A	II Statements Made Herein
Type Full Name		
Signature	9	Date (mm-dd-yyyy)
T30-/D30 (O	oing Officer	F9
Title/Position of Ser	nioi Onicei	Email

# Additional Directors, Officers, Partners, Owners Block 7

<u>Name</u>	Date of Birth (mm-dd-yyyy)	Home Address
a. Last	Place of Birth	a. Physical Street Address
b. First	a. City	
c. Middle	b. State/Province	
d. Country of Citizenship(s)		b. Apt. (no P.O. Box)
	c. Country	c. City
e. Social Security Number		d. State/Province
f. Position	_	e. Country
		f. Zip/Postal Code
<u>Name</u>	Date of Birth (mm-dd-yyyy)	Home Address
a. Last	Place of Birth	a. Physical Street Address
b. First	a. City	
c. Middle	b. State/Province	
d. Country of Citizenship(s)		h Ant (no D.O. Dov)
	c. Country	c. City
e. Social Security Number		d. State/Province
f. Position	_	e. Country
		f. Zip/Postal Code
<u>Name</u>	Date of Birth (mm-dd-yyyy)	Home Address
a. Last		a. Physical Street Address
b. First	a. City	
c. Middle	b. State/Province	<del></del>
d. Country of Citizenship(s)		1 4 1 ( 50 5 )
	c. Country	
e. Social Security Number		d. State/Province
f. Position	_	e. Country
		f. Zip/Postal Code

# Additional U.S. Munitions List Articles Manufactured and/or Exported, Brokered, or Defense Services Provided Block 8

Category	Commodity/Service	Purchasing U.S. Government Agency (If Any)
+		
+		

# Additional Names and Addresses of Registrant's Wholly- and Partially-Owned U.S. Subsidiaries Block 9

a. Name b. Physical Street Address (no P.O. Box) c. City
c. City
c. City
· ————————————————————————————————————
d. State/Province
e. Zip/Postal Code
f. Telephone Number (Country/Area Code)
a. Name
b. Physical Street Address (no P.O. Box)
c. City
d. State/Province
e. Zip/Postal Code
f. Telephone Number (Country/Area Code)
a. Name
b. Physical Street Address (no P.O. Box)
c. City
d. State/Province
e. Zip/Postal Code
f. Telephone Number (Country/Area Code)
a. Name
b. Physical Street Address (no P.O. Box)
c. City
d. State/Province
a. Zin/Pactal Coda
e. Zip/Postal Code

# Additional Names and Addresses of Registrant's Wholly- and Partially-Owned Foreign Subsidiaries Block 10

a. Name
b. Physical Street Address (no P.O. Box)
,
c. City
d. State/Province
e. Country
f. Zip/Postal Code
g. Telephone Number (Country/Area Code)
a. Name
b. Physical Street Address (no P.O. Box)
c. City
d. State/Province
e. Country
f. Zip/Postal Code
g. Telephone Number (Country/Area Code)
a Name
a. Name b. Physical Street Address (no P.O. Box)
c. City
d. State/Province
e. Country
f. Zip/Postal Code
g. Telephone Number (Country/Area Code)
a. Name
a. Name b. Physical Street Address (no P.O. Box)
b. Physical Street Address (no P.O. Box)
b. Physical Street Address (no P.O. Box)  c. City
b. Physical Street Address (no P.O. Box)  c. City d. State/Province
b. Physical Street Address (no P.O. Box)  c. City d. State/Province e. Country
b. Physical Street Address (no P.O. Box)  c. City d. State/Province

DS-2032 06-2008

# Additional Name, Address, and Telephone Number of Registrant's Parent Company Block 11

a. Name
b. Physical Street Address (no P.O. Box)
c. City
d. State/Province
e. Country
f. Zip/Postal Code
g. Telephone Number (Country/Area Code)
a Nama
a. Name  h. Physical Street Address (no. B.O. Box)
b. Physical Street Address (no P.O. Box)
- City
c. City
d. State/Province
e. Country
f. Zip/Postal Code
g. Telephone Number (Country/Area Code)
a. Name
b. Physical Street Address (no P.O. Box)
c. City
d. State/Province
e. Country
f. Zip/Postal Code
g. Telephone Number (Country/Area Code)
<u></u>
a. Name
a. Name b. Physical Street Address (no P.O. Box)
b. Filysical Street Address (no F.O. Box)
c City
c. Cityd. State/Province
u. State/F10VIIIce
e. Country

DS-2032 06-2008