

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.



U.S. Department of State

STATEMENT OF REGISTRATION

(SEE INSTRUCTIONS PAGE)
(Attach additional sheet if necessary)

OMB APPROVAL NO 1405-0002
EXPIRATION DATE 09/30/2008
*ESTIMATED BURDEN 2

Hours _____

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

New Registrant Code _____

1. Registrant's Name and Address

a. Name _____

b. Doing Business As _____

c. Physical Street Address _____

d. Apt. (no P.O. Box) _____

e. City _____

f. State/Province _____

g. Country _____

h. Zip/Postal Code _____

Telephone Number (Country/Area Code) _____

Fax Number (Country/Area Code) _____

2. Current Registration Code (if applicable)

Manufacturer _____
 Broker _____

3. For DDTC Use Only

\$ _____ Enclosed (for 12 month registration)

4. Registrant Is:

Individual Partnership Company
 Corporation Other

5. Registrant Is:

Manufacturer Manufacturer/Exporter
 Broker US Person
 Foreign Person

6. Incorporation or Commencement of Business:

Date (mm-dd-yyyy) _____

In _____

City, County, State, and Country

7. Directors, Officers, Partners, Owners:

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

Additional page(s) attached

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

Purchasing U.S.
Government
Agency (If Any)

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

Additional page(s) attached

9. Names and Addresses of Registrant's Wholly- and Partially-Owned U.S. Subsidiaries/Affiliates:

Yes (Specify) No

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) _____

Additional page(s) attached

11. Name, Address, and Telephone Number of Registrant's Parent Company (if any)

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) _____

Additional page(s) attached

10. Names and Addresses of Registrant's Wholly- and Partially-Owned Foreign Subsidiaries:

Yes (Specify) No

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) _____

Additional page(s) attached

12. Is The Registrant Owned And/Or Controlled

By Foreign Persons (22 CFR 122.2 (c)):

Yes (Specify) No

13. Does Registrant Submit Federal Income Tax Forms Separately From Company in Block 11?

Yes No

14. Registrant's Statement:

Under Penalty According to Federal Law (see 22 CFR 127; 22 USC 2778, 18 USC 1001)

I, _____ Warrant The Truth of All Statements Made Herein
 Type Full Name

 Signature

 Date (mm-dd-yyyy)

 Title/Position of Senior Officer

 Email

**Additional Directors, Officers, Partners, Owners
Block 7**

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

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

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

**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 _____
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 _____
e. Zip/Postal Code _____
f. Telephone Number (Country/Area 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 _____
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) _____

**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. 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 _____
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) _____