

Trade Mission Application

OMB Control No. 0625-0143
Expiration date: xx-xx-2012

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In providing the information requested in this application, please feel free to attach additional pages as necessary.

1. Name, Date and Site of Trade Mission	2. Name and Title of Person(s) Expected to Participate in Trade Mission:
3. Company's Participant's name, Address, Telephone and Fax Numbers and E-mail Address: Company Name: Address: Tel: _____ Fax: _____ E-mail: _____	4. Contact Name(s), Title(s), and Contact Information (if different from #3):
5. Export Experience a) Has Company exported before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the names of the countries to which you exported and the approximate dollar value of the Company's worldwide exports for the last two calendar years: b) Has Company exported to trade mission country/countries before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the approximate dollar value of the Company's exports, for each of the last two calendar years, to the country or countries targeted by this trade mission.	
6. Number OF U.S. Employees: <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-500 <input type="checkbox"/> 501-1000 <input type="checkbox"/> 100 +	
7. Please identify Company's/Participant's industry sector(s) and principal line(s) of business (i.e., product or service to be exported) related to this trade mission: (e.g. medical devices, environmental services)	

8. Please rank Company's/Participant's top three objectives in participating in this trade mission (1=highest, 3=lowest)

- | | | |
|---------------------------------------|------------------------------------|-----------------------------------|
| A. Finding a sales representative | B. Finding licensees | C. Finding joint venture partners |
| D. Exposure to new business prospects | E. Product testing/market research | F. Immediate sales |
| G. Finding a distributor | H. Government meetings | |
| I. Other (<i>specify below</i>) | | |

9. Please provide a brief description of how Company's/Participant's participant is consistent with the goals and objectives of this mission, as set forth in the accompanying mission statement.

10. Company/Participant may provide any information that it considers relevant to the purpose of the trade mission regarding diversity and/or traditional under-representation in business:

11. For each of the goods and/or services that Company/Participant intends to export through this trade mission—

Is the good or service manufactured or produced in the United States? Yes No

If the answer is no for any of the goods or services, are they manufactured or produced outside the United States but marketed under the name of a U.S. firm and have U.S. content representing at least 51 percent of the value of the finished good or service? Yes No

If the percentage of U.S. content is less than 51 percent of the value of the finished goods or services please explain why the products and/or services should be considered for promotion during the mission.

12. Additional Certification

In connection with its participation in this trade mission, Company/Participant certifies that:

- (A) The export of the products and services that it wishes to sell would be in compliance with U.S. export controls and regulations;
- (B) Company/Participant has identified to the Department of Commerce for its evaluation any business pending before the Department of Commerce that may present the appearance of a conflict of interests;
- (C) Company/Participant has identified any pending litigation (including any administrative proceedings) to which it is a part that involves the Department of commerce; and
- (D) Company/Participant agrees that it and its affiliates 1) have not and will not engage in the bribery of foreign officials in connection with Company's /Participant's involvement in this mission, and 2) maintain and enforce a policy that prohibits the bribery of foreign officials.

Please e-mail this (as a word document) to _____ . Please also print, sign and fax this document to _____

The undersigned hereby certifies that the information provided above is true and correct.

Signature of Duly Authorized company/Participant's Representative

Date

Type Name and Title:

Public reporting for this collection of information is estimated to be 20 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. All responses to this collection of information are voluntary, and will be provided confidentiality to the extent allowed under the Freedom of Information Act (FOIA). Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB control number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Clearance Officer, International Trade Administration, Department of Commerce, Room 4001, 14th and Constitution Avenue, N.W., Washington, D.C. 20230.