

Department of Homeland Security  
U.S. Customs and Border Protection  
Continued Dumping and Subsidy Offset Act of 2000 Form

OMB No. 1651-0086

Claimant's Information

1. Claimant's Name: \_\_\_\_\_  
(As it appears on USITC List or Association Membership List, if applicable)  
(If person's name list Last Name, First Name)

2. Mailing Address: \_\_\_\_\_

3. Address 2: \_\_\_\_\_

4. City: \_\_\_\_\_

5. State: \_\_\_\_\_

6. ZIP/Postal Code: \_\_\_\_\_

Check here if Mailing Address is a PO Box.  
(Street Address is required when Mailing Address is a PO Box)

7. Street Address: \_\_\_\_\_

8. Address 2: \_\_\_\_\_

9. City: \_\_\_\_\_

10. State: \_\_\_\_\_

11. ZIP/Postal Code: \_\_\_\_\_

12. Business Type (select one):

- Sole Proprietorship
- Partnership
- Corporation

13. Number Type (select one and enter number below):

- Social Security Number
- Employee Identification Number
- Federal Tax Identification Number

Enter Number Here \_\_\_\_\_

Contact Information (Primary Contact For All Certification Related Inquiries)

14. Contact Person: \_\_\_\_\_ 15. Contact Email: \_\_\_\_\_

16. Contact Phone: \_\_\_\_\_ 17. Contact Fax: \_\_\_\_\_

(If Different From Claimant's Mailing Address)

18. Address: \_\_\_\_\_

19. Address 2: \_\_\_\_\_

20. City: \_\_\_\_\_

21. State: \_\_\_\_\_

22. ZIP/Postal Code: \_\_\_\_\_

Federal Register Notice Information

23. Date of Federal Register Notice: \_\_\_\_\_

24. Are you claiming a CDSOA distribution as a successor company?  Yes  No  
(See 19 C.F.R. 159.61(b)(i))

If YES, please provide the name of the company and the date of the succession:

Name \_\_\_\_\_ Date \_\_\_\_\_

25. Are you an association, coalition, or cooperative that appears on the USITC list and files on behalf of your members?  Yes  No  
(See 19 C.F.R 159.61(b)(ii))

If YES, please provide Power of Attorney within 10 days of filing certification. Please mail Power of Attorney to the following address:

Assistant Commissioner  
Office of Administration  
U.S. Customs and Border Protection  
Revenue Division  
Attn: Melissa Kurth  
6650 Telecom Drive  
Indianapolis, IN 46278

26. Are you filing as a member of an association, coalition, or cooperative that appears on the USITC list?  Yes  No

If YES, please provide name of organization and the date you became a member:

Name \_\_\_\_\_ Start Date \_\_\_\_\_

27. Start Date of Qualifying Expenditures \_\_\_\_\_ **NEW**

28. End Date of Qualifying Expenditures \_\_\_\_\_ **NEW**

Previously Certified Qualifying Expenditures for All Filing Years

29. Manufacturing Facilities \_\_\_\_\_

30. Equipment \_\_\_\_\_

31. Research and Development \_\_\_\_\_

32. Personnel Training \_\_\_\_\_

33. Acquisition of Technology \_\_\_\_\_

34. Health Care Benefits for Employees Paid For by the Employer \_\_\_\_\_

35. Pension Benefits for Employees Paid For by the Employer \_\_\_\_\_

36. Environmental Equipment, Training or Technology \_\_\_\_\_

37. Acquisition of Raw Materials and Other Inputs \_\_\_\_\_

38. Working Capital or Other Funds Needed to Maintain Production \_\_\_\_\_

39. Total Amount of Qualifying Expenditures Previously Certified \_\_\_\_\_



Statement of Eligibility

42. \_\_\_\_\_ (Claimant's Name as it appears on USITC List or Association Membership List) desire to receive a distribution and is eligible to receive a distribution as an affected domestic producer. I affirm that the net amount certified for distribution does not encompass any qualifying expenditures for which distributions previously have been made.

43. \_\_\_\_\_ (Claimant's Name as it appears on USITC List or Association Membership List) remains in operation and continues to produce the product covered by the particular order or finding under which the distribution is sought.

44. \_\_\_\_\_ (Claimant's Name as it appears on USITC List or Association Membership List) has not been acquired by a company that opposed the investigation or acquired by a business related to a company that opposed the investigation.

Certification

The information contained in this certification is true and accurate to the best of the knowledge and belief, under penalty of law, of the claimant and the claimant has records to support the qualifying expenditures being claimed.

45. \_\_\_\_\_  
Print Name of Person(s) Legally Authorized to Bind Producer

46. \_\_\_\_\_  
Date

47. \_\_\_\_\_  
Signature of Person(s) Legally Authorized to Bind Producer

48. \_\_\_\_\_  
Title of Person(s) Legally Authorized to Bind Producer

49. By submitting this certification, the certifier, \_\_\_\_\_, states that they are legally authorized to bind the producer and that information contained in the certification is true and accurate to the best of the certifier's knowledge and belief under penalty of law and the domestic producer has records to support the qualifying expenditures being claimed.

Privacy and Paperwork Reduction Act Statement

This statement is provided pursuant to the Privacy Act of 1974 (P.L. 93-579) for individuals seeking distributions under the Continued Dumping and Subsidy Offset Act of 2000 (19 U.S.C. § 1675c, as amended). The requested information is collected under the authority of 19 U.S.C. 1675c. The information collected on this form will be used by CBP to determine a claimant's eligibility for a distribution under the Continued Dumping and Subsidy Offset Act of 2000. Furnishing the information on this form is voluntary, however, failure to provide all requested information may result in denial of your certification. The name of the claimant, the total dollar amount claimed by that party on the certification, as well as the total dollar amount that CBP actually disburses to that claimant as an offset, will be available for disclosure to the public, as specified in 19 C.F.R. § 159.63. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a social security number or tax identification number.

We estimate this form will take an average of 1 hour to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to CBP Office of Administration Revenue Division. The OMB number, 1651-0086, is currently valid. CBP may not collect this information, and you are not required to respond, unless this number is displayed.