

## INSTRUCTIONS

WHERE A WIRE TRANSFER HAS BEEN BLOCKED AT A U.S. FINANCIAL INSTITUTION DUE TO U.S. GOVERNMENT SANCTIONS, A PARTY TO THE TRANSFER MAY APPLY FOR RELEASE OF THE FUNDS.

- COMPLETE ALL APPLICABLE SECTIONS. **FAILURE TO PROVIDE ADEQUATE INFORMATION MAY RESULT IN YOUR APPLICATION BEING RETURNED WITHOUT ACTION.**
- ATTACH COPIES OF ANY DOCUMENTS RELATED TO THE UNDERLYING TRANSACTION (E.G. INVOICES, BILLS OF LADING, PHOTOCOPY OF THE ORIGINAL PAYMENT OR TRANSFER INSTRUCTIONS, COPIES OF GOVERNMENT-ISSUED IDENTIFICATION SUCH AS PASSPORT, TEMPORARY/PERMANENT RESIDENT CARD, BIRTH CERTIFICATE, OR OTHER IDENTIFYING DOCUMENTATION).
- ALL DOCUMENTS MUST BE IN ENGLISH OR INCLUDE AN ENGLISH TRANSLATION.
- MAIL THE COMPLETED AND SIGNED APPLICATION, TOGETHER WITH ACCOMPANYING DOCUMENTATION AND TWO ADDITIONAL COPIES OF THE ENTIRE SUBMISSION, TO: **THE OFFICE OF FOREIGN ASSETS CONTROL, 1500 PENNSYLVANIA AVENUE, NW-ANNEX, WASHINGTON, D.C. 20220, ATTN: BLOCKED FUNDS APPLICATION**
- A COPY OF THIS APPLICATION AND ALL RELATED DOCUMENTATION MUST BE RETAINED BY THE APPLICANT FOR AT LEAST FIVE YEARS AFTER THE DATE OF THE UNDERLYING TRANSACTION.
- UNLESS AUTHORIZED BY OFAC, APPLICATIONS MADE BY ANY OTHER METHOD WILL NOT BE CONSIDERED.

### LICENSES GRANTED PURSUANT TO THIS APPLICATION ARE SUBJECT TO THE CONDITIONS BELOW

- LICENSEES SHALL FURNISH AND MAKE AVAILABLE FOR INSPECTION ANY RELEVANT INFORMATION, RECORDS OR REPORTS REQUESTED BY THE SECRETARY OF THE TREASURY OR ANY DULY AUTHORIZED OFFICER OR AGENCY OF THE SECRETARY.
- A SPECIFIC LICENSE IS NOT TRANSFERABLE, IS LIMITED TO THE FACTS AND CIRCUMSTANCES SPECIFIC TO THE APPLICATION, AND IS SUBJECT TO THE PROVISIONS OF 31 CFR PART 501, THE RELEVANT EXECUTIVE ORDER OR PART OF 31 CFR CHAPTER V PERTAINING TO THE SANCTIONS PROGRAM UNDER WHICH THE TRANSFER WAS BLOCKED AND ANY REGULATIONS OR RULINGS ISSUED PURSUANT THERETO. A LICENSE MAY BE REVOKED OR MODIFIED AT ANY TIME AT THE DISCRETION OF THE SECRETARY OF THE TREASURY. IF A SPECIFIC LICENSE WAS ISSUED AS A RESULT OF WILLFUL MISREPRESENTATION ON THE PART OF THE APPLICANT OR HIS AGENT, IT MAY, AT THE DISCRETION OF THE SECRETARY OF THE TREASURY, BE DECLARED VOID FROM THE DATE OF ITS ISSUANCE, OR FROM ANY OTHER DATE.
- A SPECIFIC LICENSE 1) DOES NOT EXCUSE COMPLIANCE WITH ANY LAW OR REGULATION ADMINISTERED BY THE OFFICE OF FOREIGN ASSETS CONTROL OR ANOTHER AGENCY (INCLUDING REPORTING REQUIREMENTS APPLICABLE TO THE TRANSACTIONS AND ACTIVITIES THEREIN LICENSED), 2) DOES NOT RELEASE THE LICENSEES OR THIRD PARTIES FROM CIVIL OR CRIMINAL LIABILITY FOR VIOLATION OF ANY LAW OR REGULATION, AND 3) DOES NOT CONSTITUTE A FINDING OF FACT OR CONCLUSION OF LAW WITH RESPECT TO THE APPLICABILITY OF ANY LAW OR REGULATION.
- ATTENTION IS DIRECTED TO 19 U.S.C. §§ 1592 AND 1595A, 18 U.S.C. § 545, 18 U.S.C. § 1001, 50 U.S.C. APP. § 16, AND SECTION 701 ET SEQ. OF THE RELEVANT PART OF 31 CFR FOR PROVISIONS RELATING TO PENALTIES.

### FOR YOUR INFORMATION

- Remitter – The person or organization that is sending the funds.
- Remitting Financial Institution – Name of the financial institution initiating the transfer on behalf of the remitter.
- Intermediary Financial Institution – A bank other than the remitter's bank or beneficiary's bank through which the transfer passes.
- Beneficiary Financial Institution – The financial institution receiving the funds on behalf of the beneficiary.
- Beneficiary – The ultimate party to be credited or paid as a result of a wire transfer.
- Hover Help – Holding the mouse cursor over the data entry portion of some fields will result in a pop-up box containing information on entering data into the field over which the mouse cursor is placed. This help also exists for the headings of each section.

### WARNING!

**MAKING FALSE OR MISLEADING STATEMENTS ON OR IN CONNECTION WITH THIS APPLICATION MAY CONSTITUTE SERIOUS CRIMINAL AND/OR CIVIL VIOLATIONS OF FEDERAL LAW AND MAY RESULT IN SUBSTANTIAL FINES.**

**PAPERWORK REDUCTION ACT STATEMENT:** The paperwork requirement has been cleared under the Paperwork Reduction Act of 1985. The Office of Foreign Assets Control (OFAC) of the Department of the Treasury requires this information to be furnished pursuant to 31 CFR Part 501. The information collected will be used for U.S. Government to evaluate and process license applications submitted by applicants whose money has been blocked pursuant to OFAC sanctions. It is the policy of OFAC to protect the confidentiality of information in appropriate cases pursuant to the exemptions from disclosure provided under the Freedom of Information Act and the Privacy Act. The estimated burden associated with this collection of information is 1 hour per respondent. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Compliance Programs Division, Office of Foreign Assets Control, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220 and the Office of Management and Budget, Paperwork Reduction Project OMB No. 1505-0164, Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.

Mail this application to: Licensing Division  
Office of Foreign Assets Control  
U.S. Department of the Treasury  
1500 Pennsylvania Avenue, N.W.  
Washington, D.C. 20220

Form Approved  
OMB No.: 1505-0164  
Expiration Date: ###/###/####



**TRADE SANCTIONS REFORM AND EXPORT ENHANCEMENT APPLICATION**

*It is strongly recommended that you use the computer to complete this form*

Type of Application: \_\_\_\_\_ Product Category \_\_\_\_\_ Request Date: \_\_\_\_\_  
 Country Program: \_\_\_\_\_ Export Value (USD): \$ \_\_\_\_\_  Letter of Credit Originating in Iran or Sudan  
 Applicant Reference Number: \_\_\_\_\_  
 Previous/Current License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Previous/Current License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  Combining 2 or More Licenses  
 Previous/Current License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  Combining 2 or More Licenses

**EXPORTER**  *Exporter is not on OFAC SDN List*

Business Name: \_\_\_\_\_ Exporter Role: \_\_\_\_\_  
 Street Address 1: \_\_\_\_\_ Country: \_\_\_\_\_  
 Street Address 2: \_\_\_\_\_ City: \_\_\_\_\_  
 Street Address 3: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Address: \_\_\_\_\_

**EXPORTER CONTACT**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address 1: \_\_\_\_\_ Country: \_\_\_\_\_  
 Street Address 2: \_\_\_\_\_ City: \_\_\_\_\_  
 Street Address 3: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

**IMPORTER**  *Importer is not on OFAC SDN List*

Business Name: \_\_\_\_\_ Importer Type: \_\_\_\_\_  
 Street Address 1: \_\_\_\_\_ Importer Role: \_\_\_\_\_  
 Street Address 2: \_\_\_\_\_ Country: \_\_\_\_\_  
 Street Address 3: \_\_\_\_\_ City: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Web Address: \_\_\_\_\_

**IMPORTER CONTACT**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address 1: \_\_\_\_\_ Country: \_\_\_\_\_  
 Street Address 2: \_\_\_\_\_ City: \_\_\_\_\_  
 Street Address 3: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

TSRA APPLICATION (cont'd)

PRODUCTS

Product Name: \_\_\_\_\_ Commodity Classification: \_\_\_\_\_ CCATS # : \_\_\_\_\_  
CCATS # Date: \_\_\_\_\_ Classification Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Model Number \_\_\_\_\_ Harmonized Tariff Code: \_\_\_\_\_  
Product Description \_\_\_\_\_  
 In the absence of a CCATS #, I certify that this product, to the best of my knowledge, is EAR 99

Product Name: \_\_\_\_\_ Commodity Classification: \_\_\_\_\_ CCATS # : \_\_\_\_\_  
CCATS # Date: \_\_\_\_\_ Classification Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Model Number \_\_\_\_\_ Harmonized Tariff Code: \_\_\_\_\_  
Product Description \_\_\_\_\_  
 In the absence of a CCATS #, I certify that this product, to the best of my knowledge, is EAR 99

Product Name: \_\_\_\_\_ Commodity Classification: \_\_\_\_\_ CCATS # : \_\_\_\_\_  
CCATS # Date: \_\_\_\_\_ Classification Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Model Number \_\_\_\_\_ Harmonized Tariff Code: \_\_\_\_\_  
Product Description \_\_\_\_\_  
 In the absence of a CCATS #, I certify that this product, to the best of my knowledge, is EAR 99

Product Name: \_\_\_\_\_ Commodity Classification: \_\_\_\_\_ CCATS # : \_\_\_\_\_  
CCATS # Date: \_\_\_\_\_ Classification Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Model Number \_\_\_\_\_ Harmonized Tariff Code: \_\_\_\_\_  
Product Description \_\_\_\_\_  
 In the absence of a CCATS #, I certify that this product, to the best of my knowledge, is EAR 99

Product Name: \_\_\_\_\_ Commodity Classification: \_\_\_\_\_ CCATS # : \_\_\_\_\_  
CCATS # Date: \_\_\_\_\_ Classification Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Model Number \_\_\_\_\_ Harmonized Tariff Code: \_\_\_\_\_  
Product Description \_\_\_\_\_  
 In the absence of a CCATS #, I certify that this product, to the best of my knowledge, is EAR 99

TSRA APPLICATION (cont'd)

**FINANCIAL INSTITUTION**

Business Name: \_\_\_\_\_ Country: \_\_\_\_\_  
Street Address 1: \_\_\_\_\_ City: \_\_\_\_\_  
Street Address 2: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Street Address 3: \_\_\_\_\_

**LEGAL COUNSEL**

Business Name: \_\_\_\_\_ Country: \_\_\_\_\_  
Street Address 1: \_\_\_\_\_ City: \_\_\_\_\_  
Street Address 2: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Street Address 3: \_\_\_\_\_

**LEGAL COUNSEL CONTACT**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address 1: \_\_\_\_\_ Country: \_\_\_\_\_  
Street Address 2: \_\_\_\_\_ City: \_\_\_\_\_  
Street Address 3: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

APPLICANT CERTIFICATION: I, THE UNDERSIGNED, HEREBY DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED ON THIS APPLICATION AND ANY ACCOMPANYING DOCUMENTATION IS TRUTHFUL AND COMPLETE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signatory Name \_\_\_\_\_ Signatory Title: \_\_\_\_\_