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	Section 1a: Organization Information					
	Provide the following information for the level at which your organization is responding to this survey.					
	Company/Organization Name					
	Business Unit/Division Name (if applicable)					
	Street Address					
Α.	City					
	State					
	Zip Code					
	Website					
	Phone Number					
	Provide the following information for your parent company, if applicable.					
	Company/Organization Name					
	Street Address					
В.	City					
	State					
	Country					
	Postal Code/Zip Code					
	Point of Contact regarding this survey:					
C.	Name	Title	Phone Number	E-mail Address		
Commenter						
Comments:						

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Sec	Section 2.a						
In	Instruction: This survey form contains drop-down boxes with pre-programmed responses in many, but not all sections. Place your cursor over and select blank cells. An arrow will appear to the right of the cell. Click on the arrow, and select the appropriate response from the drop-down.						
1.	Please rate	he VEU program's usefulness to your business operations.					
2.	Please rate	he burden of the VEU program on your business operations.					
3.	Are you cur	rently receiving shipments under Authorization VEU? If not, why? (choose all applicable answers)					
	a. My com	pany has asked our suppliers not to ship under Authorization VEU.					
	b. My com	pany's suppliers choose not to ship under Authorization VEU.					
	C	pany doesn't have the necessary internal procedures in place to allow our VEU-eligible facilities to receive items shipped uthorization VEU.					
	d. Other (s	pecify)					
		e one or two most important changes BIS should consider making to the VEU program to improve the program and make it rticipants? Explain below.	more useful for				
4.	а.						
	b.						

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Section 2.b				
	If you are NOT receiving shipments under Authorization VEU be			
1.	Authorization, why did you make that request? Explain below.			
	Have suppliers refused your request to ship under Authorization VEU? If "yes", what reason was given as to why they			
2.	refused? Explain below.			
2.				
	f possible, please provide the supplier's name and contact information.			
	Supplier Name	Contact Name	Contact Phone	
2.a	а.			
	b.			
	C.			
	If you have asked your suppliers not to ship under Authorization			
3.	using it in the future? If not, why? If yes, do you have a specifie			
0.				