

Please complete and return this form **by MMMM DD, YYYY.**

1

What is your contact information?

Please provide contact information for the person who completed this form.

Name:			
Title:		Business website:	
Phone:	()	E-mail:	

2

If the address below is not correct, please enter the updated address in the space provided.

Enter Address Corrections for Physical Location Below

[FILL COMPANY NAME]	
[FILL ADDRESS 1]	
[FILL ADDRESS 2]	
[CITY, STATE, ZIP]	
[RUN_DESC]	

3

Does the worksite listed in Question 2:

a

Manufacture any products or produce any goods?

- Yes
- No

b

Arrange for any products or goods to be manufactured outside the U.S.?

- Yes
- No

c

Arrange for any products or goods to be manufactured inside the U.S. by an independent manufacturer?

- Yes
- No

4

If you have any comments about this report, please note them here:

Thank you for completing this report. Please return it using the self-addressed, stamped envelope.