

Qualification Application for CCC Export Guarantee Program

Program Applying For: _____

Fields marked with an asterisk (*) are required

Applying for the CCC GSM-102 Export Credit Guarantee Program and Facility Guarantee Program in accordance with 7 C.F.R. Section 1493.30 and 1493.420, eligibility criteria for participation.

1. Name and Address of Applicant's Headquarters Office: _____

* Company Name:

* Street Address: P.O. Box:

* City: * State:

* Zip Code: -
(Postal Code)

* Country Name:

* Telephone: (if United States) Fax: (if United States)

* E-Mail:

* Contact Name:

* Please check that which applies:
 U.S. Domestic Corporation Foreign Corporation Other Foreign Entity

2. Name and Address of Applicant's U.S. Office:
(only to be completed if different from above)

Company Name:

Street Address: P.O. Box:

City: State:

Zip Code: -
(Postal Code)

Telephone: Fax:

E-Mail:

Contact Name:

Select One: Business Private Residence

3. Name and Address of U.S. Agent for the Service of Process:

(only to be completed if Exporter has no U.S. office)

Name:

Street Address: P.O. Box:

City: State:

Zip Code: -
(Postal Code)

Telephone: ### ### #### Fax: ### ### ####

E-Mail:

Contact Name:

Select One: Business Private Residence

4. Applicant's Legal Form of Doing Business:

* Type of Business:

- Sole Proprietorship
- Partnership
- DBA
- Corporation
- Foreign Corporation

5. Country of Incorporation Where Legally Registered. Please select a U.S. State if country is the United States:

* Country Name: U.S. State:

6. Required Exporter Information:

* Dun & Bradstreet (DUNS) ## ### ####
Number: (Site specific)

* Tax ID Number (EIN)

Nature of applicant's business (i.e, agricultural producer, commodity trader, consulting firm, etc.)

Explanation of the applicant's experience/history with agricultural commodities or products for the preceding three years, including description of commodities:

Explanation of the applicant's experience/history exporting U.S. agricultural commodities, including number of years involved in exporting, types of products exported, and destination of exports for the preceding three years.

Is the applicant a "small or medium enterprise" (SME) as described on the FAS website?

yes no

[Link to FAS website](#)

List Any Related Companies (e.g., affiliates, subsidiaries, or companies otherwise related through common ownership) currently qualified to participate in CCC export programs:

7. Certification Statements:

* Please make one of the following certifications:

- "I certify that the above named applicant *has not* participated in any U.S. Government programs, contracts or agreements during the past three years."
- "I certify that the above named applicant *has* participated in U.S. Government programs, contracts or agreements during the past three years."

* Please describe prior participation:

* Applicant must certify to the following statement by selecting the block:

- All section [1493.60\(a\) certification](#) are being made in this application

* Name and Position of Individual Submitting Form:

This form must be submitted by an officer of the Company making application. Please also fax a copy of your Articles of Incorporation to (202) 720-2949.

Submit

Reset

According to the Paperwork Reduction Act of 1995, 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 OMB control number. The valid OMB control number for this information collection is 0551-0004. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information.



Application for Guarantee Coverage – Detail Information

Screen Number 5

Exporter: ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~
Date of Application: 01/27/2011
GSM Program: GSM-102

Country/Region Destination Country(ies)
(Select all that apply)

Commodity will be shipped directly to a buyer in the destination country or region.

USDA Commodity or Type: Fruit/Vegetable

Participates in other USDA programs:

Sale numbers for other USDA programs:

Tenor/Principal Payment Interval:* 9 MONTHS SEMI-ANNUAL

Text for the selected terms
Maximum credit period 9 months. 2/3 of the principal payable at the end of 6 months; 1/3 payable at the end of 9 months from the date of export. Total accrued interest payable not later than each principal payment due date.

Select 'Other' to add an importer not on the list below.

Importer:*

Name of Importer's Representative Email

Address

Name of the letter of credit account party, if other than the importer. Country

Address

Foreign Obligor:*

Type of Sale:* CIF - Commodity, Insurance, Freight

Type of Coverage:* CFR - Commodity and Freight

Upper Contract Loading Tolerance:* 5 %

Lower Contract Loading Tolerance:* 5 %

First Delivery Date:* 01/27/2011

NO SHIPMENTS HAVE BEEN MADE PRIOR TO THE DATE OF THIS REGISTRATION.*

Last Delivery Date:* 11/30/2011

Final Delivery Date: 12/31/2011

Is there an Intervening Purchaser? * Yes No

Intervening Purchaser:

If other, complete the following:

Intervening Purchaser Name: Intervening Purchaser Country:

Address:

Not new to the regulations, however new to screen

According to the Paperwork Reduction Act of 1995, 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 OMB control number. The valid OMB control number for this information collection is 0551-004. The time required to complete this information is estimated to average XX.X minutes/hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completion and reviewing the collection of information.

*Required Field

Continue

Application for Guarantee Coverage - Exporter Commodity Detail

Screen Number 9

Exporter: Swift & Company, Greeley, Colorado
Date of Application: 01/09/2014
GSM Program: GSM-102
Country or Region: Mexico
USDA Commodity or Type: 100% Wool Yarn

Pricing:* Fixed Price Price Mechanism

If price mechanism is used, explain price mechanism:

Discounts and Allowances

Are there Discounts and Allowances? * Yes No

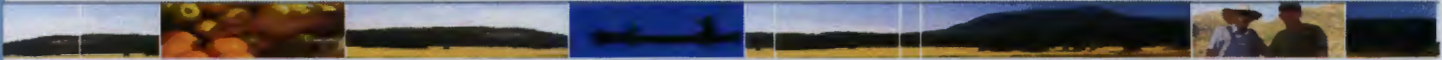
Describe the Discounts and Allowances

The commodity grade and quality must correspond with the commodity grade and quality specified in the Firm Export Sales Contract and the Foreign Financial Institution Letter of Credit.

1 Exporter Sales Detail:

Sale Number*	Date of Sale* <small>mm/dd/yyyy</small>	Commodity*	Standard Unit of Measure
		Select a commodity ▼	

Draft for external web to Add Application



Assign Notice of Assignment

Screen Number 30

GSM Number: ~~GSM-102-021045~~
Country/Region: Sub-Saharan Africa Region
Current Status: New

Exporter Name: ~~ADM AGRI Trade Resources, Inc., Decatur, Illinois~~
Assignee Name*:
Obligor Name: ~~National First Bank, YAOUNDE, Cameroon~~

Issuing Organization Authorizing this Assignment

Pursuant to Section 1493.140(a)(1) of the Commodity Credit Corporation ("CCC") Export Credit Guarantee Program Regulations, the undersigned, ~~ADM AGRI Trade Resources, Inc., Decatur, Illinois~~ (the "Issuer") hereby gives notice to the CCC that the Exporter has assigned to (the "Assignee"), whose address is all of the Exporter's right, title and interest in and to, and any amounts now or hereafter payable under the Payment Guarantee Number ~~GSM-102-021045~~ issued by CCC under its **Export Credit Guarantee Program (GSM-102)**.

Name of Issuing Organization: ~~ADM AGRI Trade Resources, Inc., Decatur, Illinois~~
Individual's Name*:
Title of Authorizer*:
Phone Number of Authorizer*:
Date of Authorization*:
Email Address: linda.leatherman@kcc.usda.gov

According to the Paperwork Reduction Act of 1995, 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 OMB control number. The valid OMB control number for this information collection is 0551-004. The time required to complete this information is estimated to average XX.X minutes/hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completion and reviewing the collection of information.

*Required field



Create Delivery – Certify Delivery

Screen Number 36

Exporter: [REDACTED]
 Date of Export: 01/27/2011
 GSM Number: [REDACTED]
 Country/Region: Destination Country(ies):
(Select all that apply)
 Registered Commodity/Type: Fruit/Vegetable
 Delivery Number: None
 Delivery Reference Number: REF0003
 Total Number of Submitted Deliveries: 2

Discounts and Allowances

Please indicate which type it is. Allowance Discount None Other

Value of discounts and allowances (Dollar Amount) \$0.0

Describe the discounts and allowances

Total Amount Exported (with discounts and allowances) \$115,481.40

Additional Comments:

Please indicate if this is the final delivery: Yes No

ALL SECTION 1493.140 CERTIFICATIONS ARE BEING MADE IN THIS DELIVER* Yes No

[LINK to Section 1493.140 certifications in regulations](#)

Section added if final delivery is "Yes".

Exports under this payment guarantee have been completed.

Summary of Exports under [GSM Number]

Commodity(ies)	Cumulative Quantity	Total Exported Value

Created by:
 Individual's Name: [REDACTED]
 Title: Clerk
 Phone Number: [REDACTED]

Pre-populated summary table will be added if the final delivery indicator is "yes."

According to the Paperwork Reduction Act of 1995, 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 OMB control number. The valid OMB control number for this information collection is 0551-004. The time required to complete this information is estimated to average XX.X minutes/hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completion and reviewing the collection of information.

*Required field

Save Clear