

**U.S. DEPARTMENT OF TRANSPORTATION**  
**REQUEST FOR SPECIAL PRIORITIES ASSISTANCE**  
READ INSTRUCTIONS FOLLOWING FORM

FOR DOT USE  
OMB Control Number: 2105-XXXX  
Expiration Date: mm/dd/yyyy

You must submit a completed application in order to request Special Priorities Assistance (SPA). See sections 33.40-33.44 of the Transportation Priorities and Allocations System (TPAS) regulation (49 CFR 33). It is a criminal offense under 18 U.S.C. 1001 to make a willfully false statement or representation to any U.S. Government agency as to any matter within its jurisdiction. All company information furnished related to this application will be deemed BUSINESS CONFIDENTIAL under Sec. 705(d) of the Defense Production Act of 1950 [50 U.S.C. App. 2155(d)] which prohibits publication or disclosure of this information unless the President determines that withholding it is contrary to the interest of the national defense. The Department of Transportation will assert the appropriate Freedom of Information Act (FOIA) exemptions if such information is the subject of FOIA requests. The unauthorized publication or disclosure of such information by Government personnel is prohibited by law. Violators are subject to fine and/or imprisonment.

The U.S. Department of Transportation reserves the right to request more detailed information from Applicant(s) on any responses given in the completed application for the purpose of making determinations for Special Priorities Assistance to Applicant(s).

**PUBLIC BURDEN STATEMENT**

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2105-XXXX. Public reporting for this collection of information is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Defense Production Act Activities Coordinator, U.S. Department of Transportation, Office of Intelligence, Security and Emergency Response, W56-306, 1200 New Jersey Avenue, SE, Washington, DC 20590.

**1. APPLICANT INFORMATION**

<p>a. Name and complete address of Applicant. Applicant can be any person needing assistance – a government agency, a private company, a contractor, or service supplier. See definition of "Applicant" in the Instructions for this form.</p> <p>Applicant Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Contact's name: _____</p> <p>Title: _____</p> <p>Telephone: _____ Fax: _____</p> <p>E-mail address: _____</p>	<p>b. If Applicant is not end-user, give name and complete address of the end-user.</p> <p>Customer Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Contact's name: _____</p> <p>Title: _____</p> <p>Telephone: _____ Fax: _____</p> <p>E-mail address: _____</p> <p>Existing contract/purchase order #: _____</p> <p>Dated: _____ Priority Rating: _____</p>
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**2. APPLICANT SERVICE(S) OR ITEM(S).** If Applicant is not end-user, describe service(s) or items(s) to be delivered by Applicant under its customer's contract or purchase order through the use of service(s) or items(s) listed in Section 3. If known, identify the Government program and service or end-item for which these service(s) or items(s) are required. If Applicant is end-user Government agency and Section 3 service(s) or item(s) are not end-items, identify the end-service or end-item for which the Section 3 service(s) or item(s) are required. See definition of "service" and "item" in the Footnotes section of the Instructions for this form.

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**3. SERVICES OR ITEMS FOR WHICH APPLICANT REQUESTS ASSISTANCE**

Name and Quantity	Description	Estimated Dollar Value

**4. SUPPLIER OF ITEM OR SERVICE PROVIDER INFORMATION**

<p>a. Name and complete address of Applicant's Supplier/Provider.</p> <p>Supplier/Provider Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Contact Name: _____</p> <p>Title: _____</p> <p>Telephone: _____ Fax: _____</p> <p>E-mail address: _____</p>	<p>b. Applicant's contract or purchase order to Supplier/Provider.</p> <p>Number: _____</p> <p>Dated: _____</p> <p>Priority rating: <i>(If none, so state)</i></p>
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**5. BRIEF JUSTIFICATION STATEMENT OF NEED FOR SPECIAL ASSISTANCE.** Please provide a brief justification for this request for Special Priorities Assistance. The justification should begin with the reason you are seeking Special Priorities Assistance in support of the TPAS; e.g.: when its regular provisions are not sufficient to obtain delivery of service(s) or items(s) in time to meet urgent customer or program requirements; or help in locating a supplier or placing a rated order; to ensure that rated orders are receiving necessary preferential treatment by suppliers; to resolve production or delivery conflicts between or among rated orders; to verify the urgency or determine the validity of rated orders; or to request authority to use a priority rating. If Applicant(s) are requesting authority to use a priority rating, please explain the necessity of the requested items and/or services. As applicable, also explain the potential effects of delay in receipt of Section 3 items or services. Describe attempts to procure items/services in normal market conditions and give specific reasons why special priority assistance is required. If DX priority rating authority is requested, please explain the necessity over a DO priority rating.

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**6. CERTIFICATION:** I certify that the information contained in Sections 1 – 5 of this form, and all other information attached, is correct and complete to the best of my knowledge and belief (omit signature if this form is electronically generated and transmitted - use of name is deemed certification).

\_\_\_\_\_  
Signature of Applicant's authorized official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print or type Name of Applicant's authorized official

\_\_\_\_\_  
Date

**CONTINUATION SECTION**  
*Identify each statement with appropriate Section number*

## Instructions for Using OMB Form 2105-XXXX

### REQUEST FOR SPECIAL PRIORITIES ASSISTANCE

#### WHO DO I CONTACT FOR FURTHER INFORMATION?

**Email:** [S60.Policy@dot.gov](mailto:S60.Policy@dot.gov)

**Mail:** Defense Production Act Activities Coordinator, U.S. Department of Transportation, Office of Intelligence, Security and Emergency Response, W56-306, 1200 New Jersey Avenue, SE, Washington, DC 20590

**Phone:** 202-366-1863

**Fax:** 202-366-4902

#### HOW DO I SUBMIT THIS FORM?

**Email.** Please fill out form electronically using Adobe Acrobat Reader and send by email, if possible. Otherwise, print and scan your signed evaluation to a pdf document and email to [S60.Policy@dot.gov](mailto:S60.Policy@dot.gov).

**Fax.** Fax your signed evaluation to (202) 366-4902. You will receive an email confirmation.

DOT may contact you for additional clarifying information, and will respond to you in a timely manner with a decision regarding your request.

#### WHEN SHOULD THIS FORM BE USED?

Requests for Special Priorities Assistance (SPA) may be filed with the U.S. Department of Transportation (DOT) for any reason in support of the Transportation Priorities and Allocations System (TPAS); e.g.: when its regular provisions are not sufficient to obtain delivery of service(s) or items(s) in time to meet urgent customer or program requirements; or help in locating a supplier or placing a rated order; to ensure that rated orders are receiving necessary preferential treatment by

suppliers; to resolve production or delivery conflicts between or among rated orders; to verify the urgency or determine the validity of rated orders; or to request authority to use a priority rating.

Requests for SPA must be sponsored by the U.S. Government agency responsible for the program or project supported by the Applicant's contract or purchase order.

Generally, one form should be completed for each contract or purchase order number. However, if SPA is requested for multiple contracts or purchase orders placed with a supplier for the same or similar services or items, information from all contracts or purchase orders may be included in one application. However, each contract or purchase order number must be identified and shown separately.

#### WHO SHOULD COMPLETE THE FORM?

Private sector applicants should file with their respective customers as follows: **lower-tier suppliers** file with customer/subcontractor for forwarding to subcontractor/prime contractor; **subcontractors/suppliers** file with prime contractor for forwarding to DOT or the sponsoring U.S. Government Agency, as applicable; **prime contractors** file directly with DOT or the sponsoring U.S. Government Agency, as applicable. If for any reason the applicant is unable to file this form as specified above, see section below on "Who do I contact for further information?"

#### DEFINITIONS:

**Applicant** as used in this form refers to any person requiring Special Priorities Assistance, and eligible for such assistance under TPAS.

**Item** is defined in TPAS as any raw, in process, or manufactured material, article, commodity, supply, equipment, component, accessory, part, assembly, or product of any kind, technical information, process, or service.

**Person** is defined in TPAS to include any individual, corporation, partnership, association, any other organized group of persons, a U.S. Government agency, or any other government.

**Service** is defined in TPAS to include any effort that is needed for or incidental to (1) the development, production, processing, distribution, deliver, or use of an industrial resource or a critical technology item; (2) the construction of facilities; (3) the movement of individuals and property by all modes of civil transportation; or (4) other national defense programs and activities

## **SPECIFIC INSTRUCTIONS**

### **Section 1:**

- a. Information about the applicant should go here. An “applicant” refers to any person requiring Special priorities Assistance and eligible for such assistance under the TPAS. A “person” in this context is any individual, corporation, partnership, association, or other organized group of persons, a US Government agency or any other government.
- b. Information about the end-user or ultimate customer for the item or service goes here.

### **Section 2:**

Recognizing that many requests for special priorities may involve interim services or items, please complete this section describing the “end product” that will be improved through providing the priority listed. An example would be providing freight rail transportation for a subcomponent of a major item that is direly needed for the national defense by the Government. Explain how the transportation of the subcomponent will fulfill the Government’s need.

### **Section 3:**

Here you provide information on the item or service you provide and seek special priority assistance with. What is it called, how many or how

much, what is the description and also the estimated dollar value of the item/service itself. This helps DOT understand the scope of your request.

### **Section 4:**

This section helps DOT understand who your supplier or service provider is. These are the people who need to move faster to accomplish your priority objective.

### **Section 5:**

Please provide enough information so DOT understands the need for and urgency of your request.

### **Section 6:**

This section certifies that the information is correct, to the best knowledge of the person whose name and/or signature is shown (depending on format of form used). It is a criminal offense under 18 U.S.C. 1011 to make a willfully false statement or representation to any U.S. Government agency as to any matter within its jurisdiction.

## **Continuation Section**

Understanding that situations requiring requests for special priorities assistance may be complex and information required not easily confined to sections on a form, you are provided this opportunity to provide any additional information that will assist DOT in making a determination on your request.

## **SPECIAL INSTRUCTIONS:**

- If the space in any block is insufficient to provide a clear and complete statement of the information requested, use a separate sheet to be attached to this form.
- If disclosure of certain information on this form is prohibited by security regulations or other security considerations, enter "classified" or “confidential” in the appropriate block in lieu of the restricted information.
- The U.S. Department of Transportation

reserves the right to request more detailed information from Applicant(s) on any responses given in the completed application for the purpose of making determinations for Special Priorities Assistance to Applicant(s).

### **PRIVACY ACT STATEMENT**

This notice is provided pursuant to the Privacy Act, 5, U.S.C. 552a(e)(3): The Information on this application is solicited under the authority of Title 50 U.S.C. App. § 2061 et seq., the Defense Production Act of 1950. The principal purpose for which the information is to be used is to determine your eligibility for Special Priorities Assistance under the Transportation Priorities and Allocations System program. Contact information will be used to notify you if Special Priorities Assistance has been granted, and to provide any other notifications required by the program. Other possible uses of information are published in the Federal Register at 75 FR 82133 (December 29, 2010) under "Prefatory Statement of General Routine Uses". Furnishing the information on this form is voluntary, but failure to provide all or part of the information may delay or prevent the processing of your application.