



# SNAP- R

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SNAP-R SELF MANAGEMENT

Export License Application  
Reference Number: ACEL001

Status: DRAFT BIS-748P

## Edit Export License Application

Please click **Save Draft** to save your unfinished work. Required fields are marked with an asterisk (\*). The numbers [?] next to the fields are only for reference to the paper version of this form and do not need to be considered to complete this application.  
To delete this Work Item: [Delete Work Item](#)

To grant or delete rights to others to view, edit, or submit this Work Item: [Manage User Rights](#) [?]

[ Collapse All ]

### Contact Information\*

|                                      |   |
|--------------------------------------|---|
| Reference Number*(XXXXXX) [?]        | ACEL001                                   |
| 1. Contact Person (First, Last)* [?] | AI [?] Che [?]                            |
| 2. Telephone Number* [?]             | 2025551212                                |
| 3. Fax Number [?]                    |   |
| Email [?]                            | johndoe@companyname.com                   |
| 4. Creation Date [?]                 | 07/17/2019                                |
| 5. Type Of Application               | Export License Application                |
|                                      | <input type="button" value="Save Draft"/> |

### Document Checklist

|  |  |
|--|--|
| 6. Documents submitted with application [?]            | 7. Documents on file with applicant [?]              |
| <input type="checkbox"/> Export Items (BIS-748P-A) [?] | <input type="checkbox"/> BIS-711                     |
| <input type="checkbox"/> End Users (BIS-748P-B) [?]    | <input type="checkbox"/> Letter of Assurance         |
| <input type="checkbox"/> BIS-711                       | <input type="checkbox"/> Import/End-User Certificate |
| <input type="checkbox"/> Import/End-User Certificate   | <input type="checkbox"/> Nuclear Certification       |
| <input type="checkbox"/> Technical Specification       | <input type="checkbox"/> Other [?]                   |
| <input type="checkbox"/> Letter of Explanation         |  |
| <input type="checkbox"/> Foreign Availability          |  |
| <input type="checkbox"/> Other [?]                     |  |
|  | <input type="button" value="Save Draft"/>            |

### License Information

|                                    |   |
|------------------------------------|---|
| 9. Special Purpose [?]             | [?]                                       |
| 10. Resubmission ACN [?]           | [?]                                       |
| 11. Replacement License Number [?] | [?]                                       |
| 13. Import Certificate Country [?] | Please Select [?]                         |
| Import Certificate Number          | [?]                                       |
|                                    | <input type="button" value="Save Draft"/> |

### Company Designation Information

You are currently submitting as a First Party [?]

### Applicant Information \* [?]

\* Required field

|                         |                          |
|-------------------------|--------------------------|
| 14. CIN (Applicant ID)* | A719924                  |
| Applicant*              | AC & DW Enterprises, Inc |
| Address Line 1*         | 8006 River Field Ct      |
| Address Line 2          |                          |

City\* Bowie  
State/Province\* (Required for US address) Maine  
Postal Code\* 20715  
Country\* UNITED STATES  
EIN

Save Draft

#### Other Party Information [?](#)

\* Required field (only if entering an Other Party). Otherwise leave blank.

15. Other Party ID   
Other Party\*   
Address Line 1\*   
Address Line 2   
City\*   
State/Province\* (Required for US address)   
Postal Code\*   
Country\*   
Telephone or Fax\*

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#### Purchaser Information [?](#)

\* Required field (only if entering a Purchaser). Otherwise leave blank.

16. Purchaser\*   
Address Line 1\*   
Address Line 2   
City\*   
Postal Code   
Country\*   
Telephone or Fax

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#### Intermediate Consignee Information [?](#)

\* Required field (only if entering an Intermediate Consignee). Otherwise leave blank.

17. Intermediate Consignee\*   
Address Line 1\*   
Address Line 2   
City\*   
Postal Code   
Country\*   
Telephone or Fax

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#### Ultimate Consignee Information\* [?](#)

\* Required field

*Note:* Please enter the Company, Institution, or Organizational information in block 18. Laboratory, Department, or Section information can be entered as the second line of the address. Any additional information regarding individuals in the organization can be entered in the Additional Information section (block 24) of this form.

18. Ultimate Consignee\*   
Address Line 1\*   
Address Line 2   
City\*

Postal Code

Country\*

Telephone or Fax

**End User Information** [?](#)

**Enter information for a new End User**

\* Required field (only if entering an End User). Otherwise leave blank.

*Note:* End User information should only be entered if the Ultimate Consignee in block 18 is **not** the actual End User.

19. End User\*

Address Line 1\*

Address Line 2

City\*

Postal Code

Country\*

Telephone or Fax

**Specific End Use\*** [?](#)

21. Specific End Use\*

**Export Item Information\*** [?](#)

Enter information for a new Export Item

22. a. ECCN\*

b. APP(9.9999999)

c. Product/Model Number

d. CCATS Number

e. Quantity\*

f. Units

g. Unit Price

h. Total Price\*

i. Manufacturer

j. Technical Description\*

**Note-**BIS will process license applications for items with a total price of zero only in limited circumstances (e.g., aircraft or vessels on temporary sojourn to Country Group E destinations). Please, ensure the total price of your application is correct before submitting to BIS.

**Total Application Dollar Value**

23. Total Application Dollar Value \$0.00

Additional Information [?](#)

24. Additional Information

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Documents attached to application

To upload a new supporting document or view or delete attached supporting documents: [View and Manage Supporting Documents](#) [?](#)

| Title                            | Author | Type |
|----------------------------------|--------|------|
| There are no documents attached. |        |      |

Address Verification in Work Item [?](#)

Please remember to **Save Draft** before leaving this form to avoid losing work

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Check For Errors

Verify Addresses in Work Item to Submit