



SNAP- R

Bureau of Industry and Security
U.S. Department of Commerce

- [SNAP-R HOME](#)
- [CREATE WORK ITEM](#)
- [LIST WORK ITEMS](#)
- [SEARCH WORK ITEMS](#)
- [SEARCH DOCUMENTS](#)
- [VIEW MESSAGES](#)
- [MANAGE USER PROFILE](#)
- [USER SECURITY](#)
- [QUESTIONS](#)
- [HELP](#) OPENS A NEW WINDOW
- [LOGOUT](#)

[STELAO](#) OPENS A NEW WINDOW

[SNAP-R SELF](#) MANAGEMENT

Commodity Classification Request
Reference Number: ACCAT01

BIS-748P
Status: DRAFT

Edit Commodity Classification Request

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](#)

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[Collapse All]

Contact Information*

Reference Number*(XXXXXX) [?]	<input type="text" value="ACCAT01"/>
1. Contact Person (First, Last)* [?]	<input type="text" value="Al"/> <input type="text" value="Che"/>
2. Telephone Number* [?]	<input type="text" value="2025551212"/>
3. Fax Number [?]	<input type="text"/>
Email [?]	<input type="text" value="johndoe@companyname.com"/>
4. Creation Date [?]	<input type="text" value="07/17/2019"/>
5. Type Of Application	<input type="text" value="Commodity Classification Request"/>
	<input type="button" value="Save Draft"/>

License Information

9. Special Purpose [?]	<input type="text"/>	<input type="checkbox"/> Check here if you are submitting information about encryption required by 740.17 or 742.15 of the EAR [?]
	<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)*	<input type="text" value="A719924"/>
Applicant*	<input type="text" value="AC & DW Enterprises, Inc"/>
Address Line 1*	<input type="text" value="8006 River Field Ct"/>
Address Line 2	<input type="text"/>
City*	<input type="text" value="Bowie"/>
State/Province* (Required for US address)	<input type="text" value="Maine"/>
Postal Code*	<input type="text" value="20715"/>
Country*	<input type="text" value="UNITED STATES"/>
EIN	<input type="text"/>
	<input type="button" value="Save Draft"/>

Other Party Information [?]

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

15. Other Party ID	<input type="text"/>
Other Party*	<input type="text"/>
Address Line 1*	<input type="text"/>
Address Line 2	<input type="text"/>
City*	<input type="text"/>
State/Province* (Required for US address)	<input type="text"/>

Postal Code*

Country*

Telephone or Fax*

Export Items* [?](#)

Enter information for a new Export Item

22. a. ECCN

b. APP(9.9999999)

c. Product/Model Number

d. CCATS Number

i. Manufacturer

j. Technical Description*

Additional Information [?](#)

24. Additional Information

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