|  |  |  |
| --- | --- | --- |
|   | OMB Control Number: 0350-0015 Expiration Date: December 31, 2019 |   |
|   |   |   |
| **Exclusion Extension Comment Form** |
|  | **Form A** |  |
|  |  |  |
| **Information in Form A should be submitted on the Public Docket at http://www.regulations.gov.** |
|   |   |   |
| **1.** | **Submitter Information** |   |
|  | Full Organization Legal Name **(Public)** |   |
|   |   |   |
|   | Commenter First Name **(Public)**  |   |
|   |   |   |
|   | Commenter Last Name **(Public)**  |   |
|   |   |   |
|   |   |   |
|   | **Are you a third party, such as a law firm, trade association, or customs broker, submitting on behalf of an organization or industry? (Public)** |   |
|   |  Yes/No |   |
|   | *Note: If you are submitting on behalf of an organization/industry, the information below is required.* |   |
|   | Third Party Firm/Association Name **(Public)** |   |
|   |   |   |
|   | Third Party First Name **(Public)**  |   |
|   |   |   |
|   | Third Party Last Name **(Public)**  |   |
|   |   |   |
|   |   |   |

|  |  |  |
| --- | --- | --- |
| **2.** |   |   |
|   | **a) Please provide the publication date of the Federal Register Notice containing the exclusion you are commenting on. (Public)** |   |
|   |   |   |
|   |   |   |
|   | **b) Please provide the 10-digit subheading of the HTSUS applicable to the exclusion you are commenting on. *A 10-digit HTSUS number is required.* (Public)** |   |
|   |   |   |
|   |   |   |
|   | **c) From the Federal Register Notice, please provide the full article description for the exclusion. If the exclusion is a 10-digit code, please indicate. (Public)** |   |
|   |   |   |
|   |   |   |
|   | **d) Is this product subject to an antidumping or countervailing duty order issued by the U.S. Department of Commerce? (Public)** |   |
|   |  Yes/No/Not Sure |   |
|   |   |   |
| **3.** | **Do you support extending the exclusion (yes or no)? Please explain your rationale. (You must provide a public version of your rationale, even if you are also submitting a Form B with more detailed, confidential information.) (Public)** |   |
|   |  Yes/No |   |
|   |   |   |
|   |   |   |
|   |   |   |

|  |  |  |
| --- | --- | --- |
|   |   |   |
| **4.** | **Please explain whether the products covered by the exclusion, or comparable products, are available from sources in the United States? (Please include information concerning any changes in the global supply chain since July 2018 with respect to the particular product or any other relevant industry developments.) (Public)** |   |
|   |   |   |
|   |   |   |
| **5.** | **Please explain whether the products covered by the exclusion, or comparable products, are available from sources in third countries? (Please include information concerning any changes in the global supply chain since July 2018 with respect to the particular product.) (Public)** |   |
|   |   |   |
|   |   |   |
| **6.** | **Will you be submitting Form B? (Public)** |   |
|   |  Yes/No |   |
|   |   |   |
|   | **Note: Responses to Form A should be submitted to the Public Docket at Regulations.gov (Information submitted in Form A will be posted on the Public Docket).**  |   |
|   |   |   |

|  |  |  |
| --- | --- | --- |
|   | OMB Control Number: 0350-0015 Expiration Date: December 31, 2019 |   |
|   |   |   |   |   |   |   |
| **Exclusion Extension Comment** |
|  |   | **Form B** |  |  |
|  |  |  |  |  |  |  |
| **Form B should be completed by Importers and Purchasers of the products covered by the exclusion.Form B should be submitted via email at 301bcisubmissions@ustr.eop.gov and will not be available to the public. Please include Form A with your email submission of Form B. NOTE: Form A should be submitted both on regulations.gov and with Form B, via email.**  |
|   |   |   |   |   |   |   |
| **1.** |   |   |   |   |   |   |
|  | **a.) Please provide the value in USD and quantity (with units) of the Chinese-origin product covered by the specific exclusion that you purchased in 2018, the first half of 2018, and the first half of 2019. Limit this figure to the products purchased by your firm (or by members of your trade association). Please provide estimates if precise figures are unavailable. (BCI)** |   |
|   | **2018 Value:** |   |   | **2018 Quantity:** |   |   |
|   | **2018 (Jan-Jun) Value:** |   |   | **2018 (Jan-Jun) Quantity:** |   |   |
|   | **2019 (Jan-Jun) Value:** |   |   | **2019 (Jan-Jun) Quantity:** |   |   |
|   |   |   |   |   |   |   |
|   | **Are the provided figures estimates? (BCI)** |  Yes/No |   |
|   |  |  |  |  |  |   |
|   | **Are any of these purchases from a related company? (BCI)** |  Yes/No |   |
|   |  |  |  |  |  |   |
|   | **Please list the name and relationship of the related company. (BCI)** |   |
|   | **Name:** |   |  | **Relationship:** |   |   |
|  |  |   |   |   |   |   |

|  |  |  |
| --- | --- | --- |
|   | **b.) Please discuss whether Chinese suppliers have lowered their prices for products covered by the exclusion following imposition of the duties. (BCI)** |   |
|   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
| **2.** | **Please provide the value in USD and quantity (with units) of the product covered by the specific exclusion that you purchased from any third-country source in 2018, the first half of 2018, and the first half of 2019. Limit this figure to the products purchased by your firm (or by members of your trade association). Please provide estimates if precise figures are unavailable. (BCI)** |   |
|   | **2018 Value:** |   |   | **2018 Quantity:** |   |   |
|   | **2018 (Jan-Jun) Value:** |   |   | **2018 (Jan-Jun) Quantity:** |   |   |
|   | **2019 (Jan-Jun) Value:** |   |   | **2019 (Jan-Jun) Quantity:** |   |   |
|   |   |   |   |   |   |   |
|   | **Are the provided figures estimates? (BCI)** |  Yes/No |   |
|   |  |  |  |  |  |   |

|  |  |  |
| --- | --- | --- |
| **3.** | **Please provide the value in USD and quantity (with units) of the product covered by the specific exclusion that you purchased from domestic sources in 2018, the first half of 2018, and the first half of 2019. Limit this figure to the products purchased by your firm (or by members of your trade association). Please provide estimates if precise figures are unavailable. (BCI)** |   |
|   | **2018 Value:** |   |   | **2018 Quantity:** |   |   |
|   | **2018 (Jan-Jun) Value:** |   |   | **2018 (Jan-Jun) Quantity:** |   |   |
|   | **2019 (Jan-Jun) Value:** |   |   | **2019 (Jan-Jun) Quantity:** |   |   |
|   |   |   |   |   |   |   |
|   | **Are the provided figures estimates? (BCI)** |  Yes/No |   |
|   |  |  |  |  |  |   |
| **4.** | **Please discuss any efforts you have undertaken since July 2018 to source this product from the United States or third countries. (BCI)** |   |
|   |   |   |
|   |  |  |  |  |  |   |
| **5.** | **Please provide information regarding your company’s gross revenue in USD for 2018, the first half of 2018, and the first half of 2019. (BCI)** |   |
|   |  |  |  |  |  |   |
|   | **Fiscal Year 2018:** |  |  |   |   |
|   | **First Half (Jan-Jun) 2018:**  |  |  |   |   |
|   | **First Half (Jan-Jun) 2019:**  |  |  |   |   |
|   |   |   |   |   |   |   |
|   | **Are the provided figures estimates? (BCI)** |  Yes/No |   |
|   |  |   |   |   |   |   |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **6.** | **Is the Chinese-origin product of concern sold as a final product or as an input used in the production of a final product or products? (BCI)** |  Final Product/Input |   |
|  |   |   |   |   |   |   |
| **7.** | **Please comment on whether the imposition of additional duties on the product(s) covered by the exclusion you are seeking an extension for, will result in severe economic harm to your company or other U.S. interests. (BCI)** |   |
|   |   |   |
|  |   |   |   |   |   |   |
| **8.** | **Please provide any additional information in support of your request, taking account of the instructions provided in Section [B] of the Federal Register notice. (BCI)** |   |
|   |   |   |
|   |   |   |   |   |   |   |
|  |  |  |  |  |  |   |