

FOREIGN PRODUCERS'/EXPORTERS' QUESTIONNAIRE

INVESTIGATION TITLE

This questionnaire must be received by the Commission by **DATE**
See last page for filing instructions.

The information called for in this questionnaire is for use by the United States International Trade Commission in connection with its **countervailing duty/antidumping** investigation(s) concerning #abbrproduct from #ctrysubs (Inv. No. **701/731-TA-xxx (Preliminary/Final)**). The information requested in the questionnaire is requested under the authority of the Tariff Act of 1930, title VII.

<p>Name of firm _____</p> <p>Address _____</p> <p>Website _____</p> <p>Has your firm produced or exported #abbrproduct (as defined on next page) at any time since January 1, #bopyear?</p> <p><input type="checkbox"/> NO (Sign the certification below and promptly return only this page of the questionnaire to the Commission)</p> <p><input type="checkbox"/> YES (Complete all parts of the questionnaire, and return the entire questionnaire to the Commission)</p> <p>Data reported in this questionnaire relate to (Check one):</p> <p><input type="checkbox"/> COUNTRY 1 <input type="checkbox"/> COUNTRY 2</p> <p>Return questionnaire via the Commission <i>Drop Box</i> by clicking on the following link: https://dropbox.usitc.gov/oinv/. (PIN: XXXX)</p>

CERTIFICATION

I certify that the information herein supplied in response to this questionnaire is complete and correct to the best of my knowledge and belief and understand that the information submitted is subject to audit and verification by the Commission. By means of this certification I also grant consent for the Commission, and its employees and contract personnel, to use the information provided in this questionnaire and throughout this proceeding in any other import-injury proceedings conducted by the Commission on the same or similar merchandise.

I, the undersigned, acknowledge that information submitted in response to this request for information and throughout this proceeding or other proceedings may be disclosed to and used: (i) by the Commission, its employees and Offices, and contract personnel (a) for developing or maintaining the records of this or a related proceeding, or (b) in internal investigations, audits, reviews, and evaluations relating to the programs, personnel, and operations of the Commission including under 5 U.S.C. Appendix 3; or (ii) by U.S. government employees and contract personnel, solely for cybersecurity purposes. I understand that all contract personnel will sign appropriate nondisclosure agreements.

Name of Authorized Official

Title of Authorized Official

Date

Signature

Phone

Email address

PART I.—GENERAL INFORMATION

Background. --This proceeding was instituted in response to a petition filed on DATE, by COMPANY NAME, CITY, STATE. Countervailing/antidumping duties may be assessed on the subject imports as a result of these proceedings if the Commission makes an affirmative determination of injury, threat, or material retardation, and if the U.S. Department of Commerce (“Commerce”) makes an affirmative determination of subsidization/dumping. Questionnaires and other information pertinent to this proceeding are available at LINK.

#abbrproduct covered by these investigations is . . . COMMERCE SCOPE LANGAUGE

#abbrproduct is/are currently imported under statistical reporting numbers XXXX.XX.XXXX of the Harmonized Tariff Schedule of the United States (HTSUS). It/They may also be imported under HTSUS statistical reporting number XXXX.XX.XXXX. The HTSUS provisions are for convenience and customs purposes; the written description of the scope is dispositive.

Reporting of information. --If information is not readily available from your records, provide carefully prepared estimates. If your firm is completing more than one questionnaire (i.e., a producer, importer, purchaser and/or foreign producer questionnaire), you need not respond to duplicated questions.

Confidentiality. --The commercial and financial data furnished in response to this questionnaire that reveal the individual operations of your firm will be treated as confidential by the Commission to the extent that such data are not otherwise available to the public and will not be disclosed except as may be required by law (see 19 U.S.C. §1677f). Such confidential information will not be published in a manner that will reveal the individual operations of your firm; however, general characterizations of numerical business proprietary information (such as discussion of trends) will be treated as confidential business information only at the request of the submitter for good cause shown.

Verification. --The information submitted in this questionnaire is subject to audit and verification by the Commission. To facilitate possible verification of data, please keep all files, worksheets, and supporting documents used in the preparation of the questionnaire response. Please also retain a copy of the final document that you submit.

Release of information. --The information provided by your firm in response to this questionnaire, as well as any other business proprietary information submitted by your firm to the Commission in connection with this proceeding, may become subject to, and released under, the administrative protective order provisions of the Tariff Act of 1930 (19 U.S.C. § 1677f) and section 207.7 of the Commission’s Rules of Practice and Procedure (19 CFR § 207.7). This means that certain lawyers and other authorized individuals may temporarily be given access to the information for use in connection with this proceeding or other import-injury proceedings conducted by the Commission on the same or similar merchandise; those individuals would be subject to severe penalties if the information were divulged to unauthorized individuals.

Valid number error messages. --If you are completing this form in a country that uses periods (“.”) to delineate multiples of 1000 (e.g., one million would appear as \$1.000.000 rather than \$1,000,000), you may be unable to enter in numbers greater than 999 in numeric form fields. The solution to this data entry issue is to temporarily change your operating system’s number formatting to be consistent with the U.S. number formatting system while you complete this form. Detailed instructions on how to resolve this issue is provided at the end of this questionnaire and is available upon request from INVESTIGATOR (202-xxx-xxxx, NAME@usitc.gov).

I-1. **OMB statistics.**--Please report below the actual number of hours required and the cost to your firm of completing this questionnaire

Hours	Dollars

The questions in this questionnaire have been reviewed with market participants to ensure that issues of concern are adequately addressed and that data requests are sufficient, meaningful, and as limited as possible. Public reporting burden for this questionnaire is estimated to average 20 hours per response, including the time for reviewing instructions, gathering data, and completing and reviewing the questionnaire.

We welcome comments regarding the accuracy of this burden estimate, suggestions for reducing the burden, and any suggestions for improving this questionnaire. Please attach such comments to your response or send to the Office of Investigations, USITC, 500 E St. SW, Washington, DC 20436.

I-2. **Establishments covered.**--Provide the name and address of establishment(s) covered by this questionnaire.

“Establishment”--Each facility of a firm in #ctrysubs involved in the production or export of #abbrproduct, including auxiliary facilities operated in conjunction with (whether or not physically separate from) such facilities. Firms operating more than one establishment in #ctrysubs should combine the data for all establishments into a single report.

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I-3. **Related producers.**--Does your firm or any related firm produce, have the capability to produce, or have any plans to produce #abbrproduct in the United States or other countries?

No	Yes	If yes, please name the firm(s) and country(ies) below and, if U.S. producer(s), ensure that they complete the Commission’s producer questionnaire.
<input type="checkbox"/>	<input type="checkbox"/>	

I-4. **Related U.S. importers.**--Does your firm or any related firm import or have any plans to import #abbrproduct into the United States?

No	Yes	If yes, please name the firm(s) below and ensure that they complete the Commission’s importer questionnaire.
<input type="checkbox"/>	<input type="checkbox"/>	

I-5. **Stock symbol information.**-- If your firm or any of the entities reported in questions I-2 through I-4 are publicly traded in the United States, please specify the stock exchange and trading symbol (including American Depository Receipts, if applicable): _____.

I-6. **External counsel.**-- If your firm or parent firm is represented by external counsel in relation to this proceeding, please specify the name of the law firm and the lead attorney(s).

Law firm:	
Lead attorney(s):	

I-7. **U.S. importers.**--Please provide the names, contacts, telephone numbers, and e-mail addresses of the **FIVE** largest U.S. importers of your firm's #abbrproduct in #termyear.

	Importer's name	Contact person	Email	Telephone	Share of your firm's #termyear U.S. exports (%)
1					
2					
3					
4					
5					

PART II.--TRADE AND RELATED INFORMATION

Further information on this part of the questionnaire can be obtained from **INVESTIGATOR (202-xxx-xxxx, NAME@usitc.gov)**. **Supply all data requested on a calendar-year basis.**

II-1. **Contact information.**--Please identify the responsible individual and the manner by which Commission staff may contact that individual regarding the confidential information submitted in part II.

Name	
Title	
Email	
Telephone	

II-2a. **Changes in operations.**--Please indicate whether your firm has experienced any of the following changes in relation to the production of #abbrproduct since January 1, #bopyear.

<i>(check as many as appropriate)</i>		<i>(If checked, please describe; leave blank if not applicable)</i>
<input type="checkbox"/>	plant openings	
<input type="checkbox"/>	plant closings	
<input type="checkbox"/>	relocations	
<input type="checkbox"/>	expansions	
<input type="checkbox"/>	acquisitions	
<input type="checkbox"/>	consolidations	
<input type="checkbox"/>	prolonged shutdowns or production curtailments	
<input type="checkbox"/>	revised labor agreements	
<input type="checkbox"/>	other (e.g., technology)	

II-2b. **Anticipated changes in operations.**--Does your firm anticipate any changes in the character of its operations or organization (as noted above) relating to the production of #abbrproduct in the future?

No	Yes	If yes, supply details as to the time, nature, and significance of such changes and provide underlying assumptions.
<input type="checkbox"/>	<input type="checkbox"/>	

II-3a. **Production using same machinery.**--Please report your firm's production of products using the same equipment, machinery, or employees as used to produce #abbrproduct, and the combined production capacity on this shared equipment, machinery, or employees in the periods indicated.

"Overall production capacity" or "capacity" --The level of production that your establishment(s) could reasonably have expected to attain during the specified periods for all products manufactured in that establishment using the same manufacturing equipment. Assume normal operating conditions (i.e., using equipment and machinery in place and ready to operate; normal operating levels (hours per week/weeks per year) and time for downtime, maintenance, repair, and cleanup).

Note.--If your firm does not produce any out-of-scope merchandise on the same machinery and equipment as scope merchandise then the "overall production capacity" numbers reported in this question should be exactly equal to the "average production capacity" numbers reported in question II-8. If, however, your firm does produce out-of-scope merchandise using the same machinery and equipment as scope merchandise, then the "average production capacity" reported in question II-8 should exclude the portion of "overall production capacity" that was used to produce this out-of-scope merchandise.

"Production" --All production in your establishment(s) in #ctrysubs, including production consumed internally within your firm.

II-3a. **Production using same machinery.--Continued.**

Item	Quantity (in #units)				
	Calendar years			January-#intmonth	
	2017	2018	2019	2019	2020
Overall production capacity¹					
Production of:					
#abbrproduct ²	0	0	0	0	0
Out-of-scope production.-- Specific product 1					
Specific product 2					
Other products ³					
Subtotal, out-of-scope production	0	0	0	0	0
Total production using same machinery or workers	0	0	0	0	0
¹ Data reported for capacity (first line) should be greater than data reported for total production (last line). ² Data entered for production of #abbrproduct will populate here once reported in question II-8. ³ Please identify these products: _____.					

II-3b. **Operating parameters.--**The production capacity reported in II-3a is based on the following operating parameters:

Hours per week	Weeks per year

II-3c. **Capacity calculation.--**Please describe the methodology used to calculate overall production capacity reported in II-4a, and explain any changes in reported capacity.

II-3d. **Production constraints.--**Please describe the constraint(s) that set the limit(s) on your firm's production capacity.

II-4. **Product shifting.**—

(a). Is your firm able to switch production (capacity) between #abbrproduct and other products using the same equipment and/or labor?

No	Yes	If yes—(i.e., have produced other products or are able to produce other products) Please identify other actual or potential products.
<input type="checkbox"/>	<input type="checkbox"/>	

(b). Please describe the factors that affect your firm's ability to shift production capacity between products (e.g., time, cost, relative price change, etc.), and the degree to which these factors enhance or constrain such shifts.

II-5. **Share of sales.**--What percentage of your firm's total sales in its most recent fiscal year was represented by sales of #abbrproduct? _____ percent.

II-6a. **Firm's estimated share of production in #ctrysubs.**--Please estimate the percentage of total production of #abbrproduct in the country specified on the certification page accounted for by your firm's production in #termyear. _____ percent.

II-6b. **Firm's estimated share of country's exports.**--Please estimate the percentage of total exports to the United States of #abbrproduct from the country specified on the certification page accounted for by your firm's exports in #termyear. _____ percent.

II-7. **Third country trade actions.**--Is the #abbrproduct exported by your firm subject to antidumping/countervailing duty/safeguard findings, remedies, or proceedings?

No	Yes	If yes--List the products(s), countries affected, and the date of such findings/remedies/proceedings.
<input type="checkbox"/>	<input type="checkbox"/>	

II-8. **Trade data.**--Report your firm's production capacity, production, shipments, and inventories related to the production of #abbrproduct in your establishment(s) in #ctrysubs during the specified periods. Do not include resales of #abbrproduct that your firm did not produce in this question; those data to the degree they are exported to the United States should only be reported in question II-9.

Do not submit data by manufacturing facility if they are in the same country. If your firm has multiple manufacturing establishments within one country, you are required to combine data for those establishments within one foreign producer questionnaire response.

Do not submit data on multiple countries combined. The establishments reported here should all be located in the country of the firm's address reported on the certification page. Multinational companies with production in multiple subject countries should submit separate foreign producer questionnaire responses for each subject country.

"Average production capacity" or "capacity" --The level of production that your establishment(s) could reasonably have expected to attain during the specified periods for all products manufactured in that establishment using the same manufacturing equipment. Assume normal operating conditions (i.e., using equipment and machinery in place and ready to operate; normal operating levels (hours per week/weeks per year) and time for downtime, maintenance, repair, and cleanup; and a typical or representative product mix).

"Production" --All production in your establishment(s) in #ctrysubs, including production consumed internally within your firm.

"Shipments" --Shipments of products produced in your establishment(s) in #ctrysubs. Quantities reported should be net of returns.

"Home market commercial shipments" --Shipments, other than internal consumption and transfers to related firms, within #ctrysubs.

"Home market internal consumption/transfers to related firms" --Shipments made to related firms in #ctrysubs, including product consumed internally by your firm.

"Export shipments" --Shipments to destinations outside of the country indicated on page 1 (#ctrysubs), including shipments to related firms.

"Inventories" --Finished goods inventory, not raw materials or work-in-progress.

Note: As requested in Part I of this questionnaire, please keep all supporting documents/records used in the preparation of the trade data, as Commission staff may contact your firm regarding questions on the trade data. The Commission may also request that your company submit copies of the supporting documents/records (such as production and sales schedules, inventory records, etc.) used to compile these data.

II-8. **Trade data.**--Continued.

Item	Quantity (in #units)						
	Actual experience					Projections ¹	
	Calendar year			January-#intmonth		Calendar year	
	2017	2018	2019	2019	2020	2020	2021
Average production capacity ² (A)							
Beginning-of-period inventories (B)							
Production (C)							
Home market shipments: Internal consumption/ transfers (D)							
Commercial shipments (E)							
Exports to the United States (F)							
Exports to all other markets ³ (G)							
Total exports (H) (should equal F+G)	0	0	0	0	0	0	0
Total shipments (I) (should equal D+E+F+G)	0	0	0	0	0	0	0
End-of-period inventories (J)							

¹ Please explain the basis for your firm's projections. _____.

² The production capacity reported is based on operating _____ hours per week, _____ weeks per year. Please describe the methodology used to calculate production capacity, and explain any changes in reported capacity. _____.

³ Identify principal other export markets. _____.

***RECONCILIATION OF SHIPMENTS, PRODUCTION, AND INVENTORY.**--Generally, the data reported for the end-of-period inventories (i.e., line J) should be equal to the beginning-of-period inventories (i.e., line B), plus production (i.e., line C), less total shipments (i.e., lines D, E, F, and G). Please ensure that any differences are not due to data entry errors in completing this form, but rather actually reflect your firm's records; and also provide any likely explanations for any differences (e.g., theft, loss, damage, record systems issues, etc.) if they exist.*

Item	Actual experience					Projections	
	Calendar year			January-#intmonth		Calendar year	
	2017	2018	2019	2019	2020	2020	2021
B + C – D – E – F – G – J = should equal zero ("0") or provide an explanation. ¹	0	0	0	0	0	0	0

¹ Explanation if the calculated fields above are returning values other than zero (i.e., "0") but are nonetheless accurate: _____.

II-9. **Exports to the United States not produced by your firm.**--Report your firm's exports to the United States of #abbrproduct that was produced in #ctrysubs but not by your firm during the specified periods. Note these data should **not** be included in question II-8.

Quantity (in #units)							
Item	Actual experience					Projections	
	Calendar year			January-September		Calendar year	
	2017	2018	2019	2019	2020	2020	2021
Exports of #abbrproduct to the United States not produced by your firm ¹							
¹ List the producer(s). _____.							

II-10. **Other explanations.**--If your firm would like to further explain a response to a question in Part II for which a narrative box was not provided, please note the question number and the explanation in the space provided below. Please also use this space to highlight any issues your firm had in providing the data in this section, including but not limited to technical issues with the MS Word questionnaire.

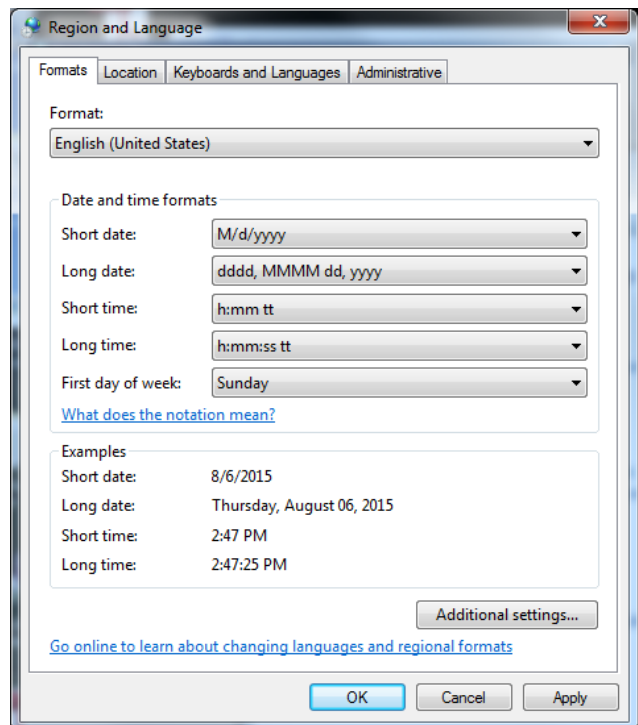
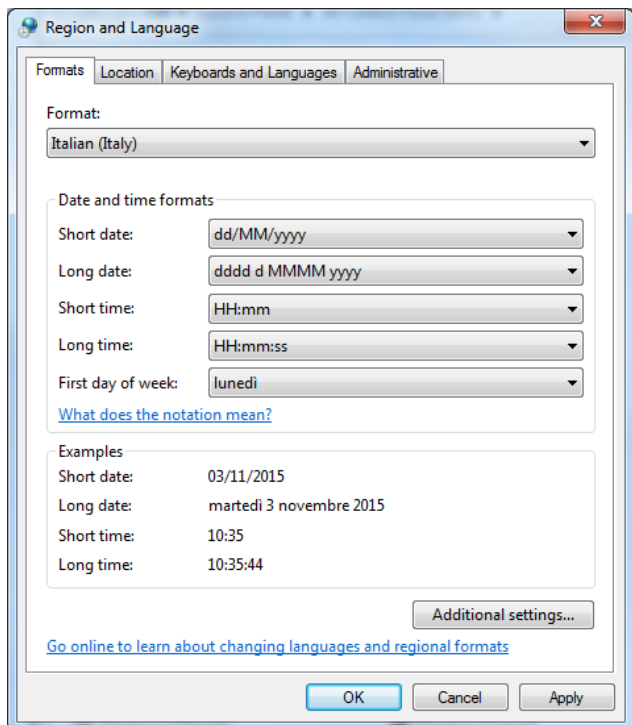
Correcting Valid number error messages.--If you are completing a Commission questionnaire in a country that uses periods (".") to delineate multiples of 1000 (e.g., one million would appear as \$1.000.000 instead of as \$1,000,000), you may be unable to enter in numbers greater than 999 in numeric form fields. This issues stem from your computer number formatting setting (e.g., not the MS Word document itself, but the computer from which you are opening up the document). In the United States commas (,) delineate multiples of 1000 and periods (.) delineate fractions less than one. Many EU countries use the reverse where multiples of 1000 are delineated with periods (.) and fractions less than one are delineated with commas (,). The U.S. International Trade Commission's questionnaires are set-up in the United States with the U.S. number formatting. When this formatting interacts with a computer set to EU number formatting, we believe this may cause this issue.

The solution to this data entry issue is to temporarily change your operating system's number formatting to be consistent with the U.S. number formatting system while you complete the questionnaire.

To temporarily change your computer's number settings to U.S. settings, please do the following (for Microsoft Windows Operating system):

- START
- Control Panel
- Region and Language (under Clock, Language, and Region category)
- Format tab
- Change the Format from your existing one (e.g. "Italian (Italy)") to "English (United States)" (see screen shots below)

When you do this the number "twelve million dollars and thirty five cents" would change from \$12.000.000,35 (Italy format) to \$12,000,000.35 (U.S. format), and then there will be no conflict with the USITC foreign producer questionnaire form. When you finish reporting the data then you can close the questionnaire and switch back to Italy settings.



HOW TO FILE YOUR QUESTIONNAIRE RESPONSE

This questionnaire is available as a “fillable” form in MS Word format on the Commission’s website at: [LINK](#)

Please do not attempt to modify the format or permissions of the questionnaire document. Please submit the completed questionnaire using one of the methods noted below. If your firm is unable to complete the MS Word questionnaire or cannot use one of the electronic methods of submission, please contact the Commission for further instructions.

- **Upload via Secure Drop Box.**—Upload the MS Word questionnaire along with a scanned copy of the signed certification page (page 1) through the Commission’s secure upload facility:

Web address: <https://dropbox.usitc.gov/oinv/> **Pin:** XXXX

- **E-mail.**—E-mail your questionnaire to NAME@usitc.gov; include a scanned copy of the signed certification page (page 1). *Submitters are strongly encouraged to encrypt nonpublic documents that are electronically transmitted to the Commission to protect your sensitive information from unauthorized disclosure. The USITC secure drop-box system and the Electronic Document Information System (EDIS) use Federal Information Processing Standards (FIPS) 140-2 cryptographic algorithms to encrypt data in transit. Submitting your nonpublic documents by a means that does not use these encryption algorithms (such as by email) may subject your firm’s nonpublic information to unauthorized disclosure during transmission. If you choose a non-encrypted method of electronic transmission, the Commission warns you that the risk of such possible unauthorized disclosure is assumed by you and not by the Commission.*

If your firm did not produce or export this product, please fill out page 1, print, sign, and submit a scanned copy to the Commission.

Parties to this proceeding.—If your firm is a party to this proceeding, you are required to serve a copy of the completed questionnaire on parties to the proceeding that are subject to administrative protective order (see 19 CFR § 207.7). A list of such parties may be obtained from the Commission’s Secretary (202-205-1803). A certificate of service must accompany the completed questionnaire you submit (see 19 CFR § 207.7). Service of the questionnaire must be made in paper form.