



O F A C

Office of Foreign Assets Control

License Application

Reference Number:

Generated on 9/21/2018

Application Information

Application Type:

Category:

Application Reason:

Subcategory:

Program(s):

Previous Case ID:

Description of Subject Matter:

Contact Information

Applicant

Contact Category:

Organization Name:

Point of Contact Name:

Address: Line1:

Line2:

Line3:

City:

Zip:

State:

Country:

Email Address:

Phone: Office:

Mobile:

Fax:

Principal Place of Business:

Place where Business is Incorporated:

Correspondent

Contact Category:

First Name:

Middle Name:

Last Name:

Address: Line1:

Line2:

Line3:

City:

Zip:

State:

Country:

Email Address:

Phone: Office:

Mobile:

Fax:

Principal Place of Business:

Place where Business is Incorporated:

Attachments

Name

Document Type

Certification

Signature:

Date:

Email Address: