

Application Summary

Reference Number:None

TSRA License Application

Generated on 6/28/2021

Application Information

Application Type:	License Application	Export Value:	
Product Category:	Medicine	Letter of Credit Originating in Iran or Sudan:	General
Request Date:	6/28/21	Reference Number:	None
Country Program:	Iran	Expiration Date:	
Previous/Current Licenses:	Linked Case ID:		

Exporters

Institution Name:	Sample	Exporter Role:	Applicant
Address:	Sample	State:	DC
City:	Sample	Country:	United States
Postal Code:	20005		
Phone:	O: 1-202-000-0000	M:	F:
Web Address:		Title:	
Contact Name:	Sample Sample	State:	
Address:		Country:	
City:			
Postal Code:			
Phone:	O:	M:	F:
Email Address:	sample@test.com		

Importers

Institution Name:	Sample	Importer Role:	Distributor
Address:	Sample	State:	
City:	Sample	Country:	Iran
Postal Code:			
Phone:	O: 971-123 45 6789	M:	F:
Web Address:		Title:	
Contact Name:	Sample Sample	State:	
Address:		Country:	
City:			
Postal Code:			
Phone:	O:	M:	F:
Email Address:			

Products

Product Name:	Sample	Classification Contact:	
Commodity Classification:	EAR 99	Contact Phone:	----
CCATS #:		Model Number:	
CCATS # Date:		Harmonized Tariff Code:	
Product Description:			

Financial Institutions

Institution Name:		State:	
Address:			
City:			

Postal Code:**Country:**

Legal Institutions

Institution Name:**Exporter Role:****Address:****City:****State:****Postal Code:****Country:****Phone:** **O:****M:****F:****Web Address:****Contact Name:****Title:****Address:****City:****State:****Postal Code:****Country:****Phone:** **O:****M:****F:****Email Address:**

Attachments

CCATS Product Classification Document:**Technical Specifications Document:**
