OMB Control No. 0625-0139 Expiration Date: 4/30/2025

Application for Waiver under 15 CFR 400.43(f)

Instruction Sheet

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0625-0139. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the International Trade Administration, Attn: FTZ Board Executive Secretary, U. S. Department of Commerce, 14th and Constitution Avenue NW, Room 21013, Washington, DC 20230 or ftz@trade.gov.

Section 400.43(d) of the regulations of the Foreign-Trade Zones Board (15 CFR Part 400) imposes certain limitations on the functions that certain categories of parties may undertake in certain circumstances. Section 400.43(f) allows a party to apply for a waiver of the limitations in section 400.43(d) based on the party's specific situation. The Foreign-Trade Zones Board will evaluate each application for a waiver based on the specific contents of that application and the criteria set forth in section 400.43(f). Application formats are available on the FTZ Board web site: http://www.trade.gov/ftz.

Approval of your application will not result in any additional, standard information-collection burden.

FTZ Staff March 2022

Foreign-Trade Zones Board U.S. Department of Commerce 1401 Constitution Avenue, N.W., Room 21013 Washington, D.C. 20230 (202) 482-2862

APPLICATION FOR WAIVER UNDER 15 CFR 400.43(f)

The Uniform Treatment provisions of the FTZ regulations prohibit certain persons from performing certain FTZ-related functions unless granted a waiver pursuant to 15 CFR 400.43(f).

To help us review your application as quickly as possible, please include the question number and the text of the question prior to your response to each question. Please respond to each item completely based on the information available to you. If your application contains any information that you consider to be confidential, please follow the instructions in 15 CFR 400.54(c) for its submission.

Note that, pursuant to 15 CFR 400.43(f), the Executive Secretary may solicit additional information or clarification, as necessary, based on the information you provide. If you have questions, please contact the FTZ Board staff at (202) 482-2862.

Identity of Applicant and Affected FTZ

- 1. State your name (individual or organization, as appropriate) as the applicant for a waiver.
- 2. State the specific FTZ (zone number and city/state) to which your application pertains.

Key Functions (15 CFR 400.43(d)(1))

- 3. If your application for a waiver is approved, do you propose to:
 - a. Take action on behalf of the grantee of the FTZ identified in your response to Question 2, or make recommendations to that grantee, regarding the disposition of proposals or requests by zone participants pertaining to FTZ authority or activity (including activation by CBP)? If yes, explain fully. Explain the specific actions you propose to take, or the specific types of recommendations you propose to make, regarding the disposition of zone participants' proposals/requests.
 - b. Approve, or be a party to, a zone participant's agreement with the grantee of the FTZ identified in your response to Question 2 (or person acting on behalf of that grantee) pertaining to FTZ authority or activity (including activation by CBP)? If yes, explain fully. Explain the specific types of agreement that you propose to approve, or to which you propose to be a party.

c. Oversee zone participants' operations on behalf of the grantee of the FTZ identified in your response to Question 2? If yes, explain fully. Explain the specific oversight activities that you propose to conduct.

Key Categories of Persons (15 CFR 400.43(d)(2))¹

- 4. For the FTZ identified in your response to Question 2, do you currently engage in, or have you during the preceding twelve months engaged in a) offering/providing a zone-related product/service to or b) representing a zone participant? If yes, explain fully. Describe the type of zone-related product/service you offered or provided, or the type of representation of zone participant(s) you undertook. How often have you done so? Also explain the importance in terms of income derived and resources committed of offering/providing zone-related products/services, or representing zone participants, for the FTZ identified in your response to Question 2.
- 5. Do you stand to gain from a person's offer/provision of a zone-related product/service to, or representation of, a zone participant in the FTZ identified in your response to Question 2? If yes, explain fully (including an explanation of the nature and extent of the gain you may receive).
- 6. With respect to the FTZ identified in your response to Question 2, are you related (within the meaning of 15 CFR 400.43(e)) to a) any person that currently engages in, or has during the preceding twelve months engaged in, offering/providing a zone-related product/service to or representing a zone participant or b) any person that stands to gain from a person's offer/provision of a zone-related product/service to or representation of a zone participant? If yes, explain fully.
- 7. Please provide any other information that you would like the FTZ Board to consider in evaluating your request.

¹ Although the questions in this section are written in the present tense, if you are seeking a waiver because you at some point in the future intend or expect to fall within one of the key categories of persons, then please answer these questions in the context of your intent or expectation.