



SNAP- R

Bureau of Industry and Security
U.S. Department of Commerce

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SNAP-R SELF MANAGEMENT

AGR License Exception Notice
Reference Number: ACAG001

Status: DRAFT BIS-748P

Edit AGR License Exception Notice

Please click **Save Draft** to save your unfinished work. Required fields are marked with an asterisk (*). The numbers [?] next to the fields are only for reference to the paper version of this form and do not need to be considered to complete this application.

To delete this Work Item: [Delete Work Item](#)

To grant or delete rights to others to view, edit, or submit this Work Item: [Manage User Rights](#) [?]

[Collapse All]

Contact Information*

Reference Number*(XXXXXX) [?]

1. Contact Person (First, Last)* [?]

2. Telephone Number* [?]

3. Fax Number [?]

Email [?]

4. Creation Date [?]

5. Type Of Application

Document Checklist

6. Documents submitted with application [?]

- Export Items (BIS-748P-A) [?]
- End Users (BIS-748P-B) [?]
- BIS-711
- Import/End-User Certificate
- Technical Specification
- Letter of Explanation
- Foreign Availability
- Other

7. Documents on file with applicant [?]

- BIS-711
- Letter of Assurance
- Import/End-User Certificate
- Nuclear Certification
- Other

License Information

9. Special Purpose [?]

10. Resubmission ACN [?]

11. Replacement License Number [?]

13. Import Certificate Country [?]

Import Certificate Number

Company Designation Information

You are currently submitting as a First Party [?]

Applicant Information * [?]

* Required field

14. CIN (Applicant ID)*

Applicant*

Address Line 1*

Address Line 2

City*

| | |
|---|----------------------|
| State/Province* (Required for US address) | Maine |
| Postal Code* | 20715 |
| Country* | UNITED STATES |
| EIN | <input type="text"/> |

Other Party Information [?](#)

* Required field (only if entering an Other Party). Otherwise leave blank.

| | |
|---|--|
| 15. Other Party ID | <input type="text"/> |
| Other Party* | <input type="text"/> |
| Address Line 1* | <input type="text"/> |
| Address Line 2 | <input type="text"/> |
| City* | <input type="text"/> |
| State/Province* (Required for US address) | <input type="text"/> |
| Postal Code* | <input type="text"/> |
| Country* | <input type="text" value="Please Select"/> |
| Telephone or Fax* | <input type="text"/> |

Purchaser Information [?](#)

* Required field (only if entering a Purchaser). Otherwise leave blank.

| | |
|------------------|--|
| 16. Purchaser* | <input type="text"/> |
| Address Line 1* | <input type="text"/> |
| Address Line 2 | <input type="text"/> |
| City* | <input type="text"/> |
| Postal Code | <input type="text"/> |
| Country* | <input type="text" value="Please Select"/> |
| Telephone or Fax | <input type="text"/> |

Intermediate Consignee Information [?](#)

* Required field (only if entering an Intermediate Consignee). Otherwise leave blank.

| | |
|-----------------------------|--|
| 17. Intermediate Consignee* | <input type="text"/> |
| Address Line 1* | <input type="text"/> |
| Address Line 2 | <input type="text"/> |
| City* | <input type="text"/> |
| Postal Code | <input type="text"/> |
| Country* | <input type="text" value="Please Select"/> |
| Telephone or Fax | <input type="text"/> |

Ultimate Consignee Information* [?](#)

* Required field

Note: Please enter the Company, Institution, or Organizational information in block 18. Laboratory, Department, or Section information can be entered as the second line of the address. Any additional information regarding individuals in the organization can be entered in the Additional Information section (block 24) of this form.

| | |
|-------------------------|----------------------|
| 18. Ultimate Consignee* | <input type="text"/> |
| Address Line 1* | <input type="text"/> |
| Address Line 2 | <input type="text"/> |
| City* | <input type="text"/> |

Postal Code

Country*

Telephone or Fax

End User Information [?](#)

Enter information for a new End User

* Required field (only if entering an End User). Otherwise leave blank.

Note: End User information should only be entered if the Ultimate Consignee in block 18 is **not** the actual End User.

19. End User*

Address Line 1*

Address Line 2

City*

Postal Code

Country*

Telephone or Fax

Specific End Use* [?](#)

21. Specific End Use*

Export Item Information* [?](#)

Enter information for a new Export Item

22. a. ECCN*

b. APP(9.9999999)

c. Product/Model Number

d. CCATS Number

e. Quantity*

f. Units

g. Unit Price

h. Total Price*

i. Manufacturer

j. Technical Description*

Total Application Dollar Value

23. Total Application Dollar Value \$0.00

Additional Information [?](#)

24. Additional Information

Save Draft

Documents attached to application

To upload a new supporting document or view or delete attached supporting documents: [View and Manage Supporting Documents](#) [?](#)

| Title | Author | Type |
|----------------------------------|--------|------|
| There are no documents attached. | | |

Address Verification in Work Item [?](#)

Please remember to **Save Draft** before leaving this form to avoid losing work

Save Draft

Check For Errors

Verify Addresses in Work Item to Submit