

## Qualification Application for CCC Export Credit Guarantee Programs

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Fields marked with an asterisk (\*) are required

### Program Applying For:

\* Please check all that apply:

- Applying for the CCC GSM-102 Export Credit Guarantee Program in accordance with 7 C.F.R. Section 1493.30, eligibility criteria for participation.
- Applying for the CCC Facility Guarantee Program (FGP) in accordance with 7 C.F.R. Section 1493.220, eligibility criteria for participation.

### 1. Name and Address of Applicant's U.S. Office

\*Company Name:

\*Street Address:

P.O. Box:

\*City:

State:

\*Zip Code:  
(Postal Code)  -

\*Telephone:  ###-###-####

Fax:  ###-###-####

\*E-Mail:

\*Contact Name:

Select One:  Business  Private Residence

\* Please check that which applies:

U.S. Domestic Corporation  Foreign Corporation  Other Foreign Entity

**2. Name and Address of Applicant's Headquarters Office (to be completed only if different from above)**

\* Company Name:

\* Street Address:  P.O. Box:

\* City:  State:

Zip Code:  -   
(Postal Code):

\* Country Name:

\* Telephone:   Fax:

**3. Name and Address of U.S. Agent for the Service of Process (only to be completed if Exporter has no U.S. office)**

\*Name:

\*Street Address:  P.O. Box:

\*City:  State:

\*Zip Code:  -   
(Postal Code)

\*Telephone:   Fax:

\*E-Mail:

\*Contact Name:

Select One:  Business  Private Residence

#### 4. Applicant's Legal Form of Doing Business

\* Type of Business:

Sole Proprietorship  
Partnership  
DBA  
Corporation  
Foreign Corporation

#### 5. Country of Incorporation Where Legally Registered (please select a U.S. State if country is the United States)

\*Country Name:  U.S. State:

#### 6. Required Applicant Information

Business Web Site:

\* Dun & Bradstreet (DUNS) Number (Site specific):

##-###-####

\* Tax ID Number:

##-#####

Is the applicant a "small or medium enterprise" (SME)? An SME is an enterprise, as described by the U.S. Census Bureau, with 500 or fewer employees. For the U.S. Census Bureau's definition of an enterprise, visit their [web site](#):

No  Yes

List any related companies (i.e. affiliates, subsidiaries, or companies otherwise related through common ownership) currently qualified to participate in CCC export programs:

Nature of applicant's business  
(i.e. agricultural producer, trader,  
consulting firm, etc.):

An empty rectangular text box with a dark border and a vertical scrollbar on the right side.

**FGP Applicants:**

Explanation of the applicant's  
experience/history with agricultural  
commodities, goods or services for  
the preceding three years including a  
description of the commodities or goods  
or services:

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**GSM-102 Applicants:**

Explanation of the applicant's  
experience/history with  
exporting U.S. agricultural  
commodities, including the number  
of years involved in exporting, types of  
products exported and destination of  
exports for the preceding three years:

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**7. Certification Statements**

\* Please make one of the following certifications:

- "I certify that the above named applicant *has not* participated in any U.S. Government programs, contracts or agreements during the past three years."
- "I certify that the above named applicant *has* participated in U.S. Government programs, contracts or agreements during the past three years."

\* Please describe prior participation:

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\* Applicant must certify to the following statement(s) by selecting the block(s) below:

- All [Section 1493.60\(a\)](#) certifications are being made in this document. (GSM-

102)

- All [Section 1493.250\(a\)](#) certifications are being made in this document. (GSM-FGP)

8.

\* Name and Position of Individual Submitting Form:

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***(This form must be submitted by an "officer" of the Company making application. Please also fax a copy of your Articles of Incorporation to (202) 720-2949)***

Submit

Reset

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Public Burden Statement. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The public reporting burden for this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, and completing and submitting the collection of information.