

REQUEST FOR SPECIAL PRIORITIES ASSISTANCE

READ INSTRUCTIONS ON LAST PAGE

CASE NO. _____
RECEIVED _____
ASSIGNED TO _____

Submission of a completed application is required to request Special Priorities Assistance (SPA). See sections 700.50-58 of the Defense Priorities and Allocations System (DPAS) regulation (15 CFR 700). It is a criminal offense under 18 U.S.C. 1001 to make a willfully false statement or representation to any U.S. Government agency as to any matter within its jurisdiction. All company information furnished related to this application will be deemed BUSINESS CONFIDENTIAL under sec. 705(d) of the Defense Production Act of 1950 (50 U.S.C. § 4555(d)) which prohibits publication or disclosure of this information unless the President determines that withholding it is contrary to the interest of the national defense. The Department of Commerce will assert the appropriate Freedom of Information Act (FOIA) exemptions if such information is the subject of FOIA requests. The unauthorized publication or disclosure of such information by Government personnel is prohibited by law. Violators are subject to fine and/or imprisonment.

1. APPLICANT INFORMATION

a. Name and complete address of Applicant (Applicant can be any person needing assistance - Government agency, contractor, or supplier. See definition of "Applicant" in Footnotes section on last page of this form).

Applicant Name _____
Address _____
City _____ State _____ Zip _____
Country _____
Contact's name _____
Title _____
Telephone _____ Fax _____
E-mail address _____

b. If Applicant is not end-user Government agency, give name and complete address of Applicant's customer.

Customer Name _____
Address _____ City _____
State _____ Zip _____ Country _____
Contact's name _____
Title _____ Telephone _____
E-mail address _____ FAX _____
Contract/purchase order no. _____
Dated _____ Priority rating _____

2. APPLICANT ITEM(S). If Applicant is **not** end-user Government agency, describe item(s) to be delivered by Applicant under its customer's contract or purchase order through the use of item(s) listed in Block 3. If known, identify Government program and end-item for which these items are required. If Applicant **is** end-user Government agency and Block 3 item(s) are not end-items, identify the end-item for which the Block 3 item(s) are required. See definition of "item" in Footnotes section on last page of this form.

3. ITEM(S) (including service) FOR WHICH APPLICANT REQUESTS ASSISTANCE

Quantity <i>Pieces, units</i>	Description <i>Include identifying information such as model or part number and manufacturer</i>	Dollar Value <i>Each quantity listed</i>

4. SUPPLIER INFORMATION

a. Name and complete address of Applicant's Supplier.

Supplier Name _____
 Address _____ City _____
 State _____ Zip _____ Country _____
 Contact Name _____
 Title _____
 Telephone _____ Fax _____
 E-mail address: _____

b. Applicant's contract or purchase order to Supplier.

Number _____
 Dated _____
 Priority rating _____
 (If none, so state)
 If Supplier is an agent or distributor, give complete producer or lower tier supplier information in Continuation Block on page 3, including purchase order number, date, and priority rating (if none, so state).

5. SHIPMENT SCHEDULE OF ITEM(S) SHOWN IN BLOCK 3

a. Applicant's <u>original</u> shipment/performance requirement	Month Year							Total units
	Number of units							
b. Supplier's <u>original</u> shipment/performance promise	Month Year							Total units
	Number of units							
c. Applicant's <u>current</u> shipment/performance requirement	Month Year							Total units
	Number of units							
d. Supplier's <u>current</u> shipment/performance promise	Month Year							Total units
	Number of units							

6. REASONS GIVEN BY SUPPLIER for inability to meet Applicant's required shipment or performance date(s).

7. BRIEF STATEMENT OF NEED FOR ASSISTANCE. As applicable, explain effect of delay in receipt of Block 3 item(s) on achieving timely shipment of Block 2 item(s) (e.g., production line shutdown), or the impact on program or project schedule. Describe attempts to resolve problems and give specific reasons why assistance is required. If priority rating authority is requested, please state.

8. CERTIFICATION: I certify that the information contained in Blocks 1 - 7 of this form, and all other information attached, is correct and complete to the best of my knowledge and belief.

 Signature of Applicant's authorized official

 Title

 Print or type name of authorized official

 Date

9. U.S. GOVERNMENT AGENCY INFORMATION

a. Name/complete address of cognizant sponsoring service/agency/activity headquarters office. Provide lower level activity, program, project, contract administration, or field office information in Continuation Block below, on duplicate of this page, or on separate sheet of paper.

Name _____
Address _____
City _____ State _____ Zip _____
Contact name _____
Signature _____ Date _____
Title _____
Telephone _____ Fax _____
E-mail address: _____

b. Case reference no. _____

c. Government agency program or project to be supported by Block 2 item(s). Identify end-user agency if not sponsoring agency.

d. Statement of urgency of particular program or project and Applicant's part in it. Specify the extent to which failure to obtain requested assistance will adversely affect the program or project.

e. Government agency/activity actions taken to attempt resolution of problem.

f. RECOMMENDATION

g. **ENDORSEMENT** by authorized Department or Agency headquarters official.

Signature of authorized official

Type name of authorized official

Title

Date

CONTINUATION BLOCK

Identify each statement with appropriate block number

INSTRUCTIONS FOR SUBMITTING FORM BIS-999

REQUESTS FOR SPECIAL PRIORITIES ASSISTANCE (SPA) MAY BE SUBMITTED for any reason in support of the Defense Priorities and Allocations System (DPAS) regulation; e.g.: when its regular provisions are not sufficient to obtain delivery of item(s)¹ in time to meet urgent customer or program/project requirements; for help in locating a supplier or placing a rated order; to ensure that rated orders are receiving necessary preferential treatment by suppliers; to resolve production or delivery conflicts between or among rated orders; to verify the urgency or determine the validity of rated orders; or to request authority to use a priority rating. **Requests for SPA should be sponsored by the cognizant U.S. Government agency responsible for the program or project supported by the Applicant's² contract or purchase order, if applicable.**

REQUESTS FOR SPA SHOULD BE TIMELY AND MUST ESTABLISH:

- The urgent need for the item(s); and that
- The Applicant has made a reasonable effort to resolve the problem.

APPLICANTS MUST COMPLETE BLOCKS 1-8.

SPONSORING U.S. GOVERNMENT AGENCY SHOULD COMPLETE BLOCK 9.

SPECIAL INSTRUCTIONS:

- If the space in any block is insufficient to provide a clear and complete statement of the information requested, use the **Continuation Block** provided on this form or a separate sheet to be attached to this form.
- If SPA is requested for additional contracts or purchase orders placed with a supplier for the same or similar items, information from these contracts or purchase orders may be included in one application. However, each contract or purchase order number must be identified and the quantities, priority rating, delivery requirements, etc., must be shown separately.
- If disclosure of certain information on this form is prohibited by security regulations or other security considerations, enter "classified" in the appropriate block in lieu of the restricted information.
- This form may be manually or electronically generated. Save the downloaded blank file to a computer and generate forms for submission via U.S. mail, email, or fax. Navigate between the form's data fields using the tab key, back tab, or backspace.

APPLICANTS REQUIRING PRIORITY RATING AUTHORIZATION TO OBTAIN PRODUCTION AND CONSTRUCTION EQUIPMENT:

- For the performance of rated contracts or orders in support of Department of Defense (DOD) programs or projects, Applicants should submit **DOD Form DD 691, "Application for Priority Rating for Production or Construction Equipment"** in accordance with the instructions on that form to the DOD.
- For all other programs or projects, Applicants may use this form and submit to the appropriate Delegate Agency or the Department of Commerce.
- If the Delegate Agency is unable to resolve the problem or authorize the use of a priority rating, the Delegate Agency may forward the request to the Department of Commerce for action.

WHERE TO SUBMIT THIS FORM:

- SPA requests should be sought from the Delegate Agency through the local contract administration officer, if applicable, or the Department of Commerce.
- To submit this form to the Department of Commerce, contact the **Office of Strategic Industries and Economic Security, Room 3876, U.S. Department of Commerce, Washington, D.C. 20230 (Attn.: DPAS); email DPAS@bis.doc.gov, telephone (202) 482-3634, or FAX (202) 482-5650.**
- Foreign government or private sector entities should submit directly with the appropriate U.S. Government Agency per sections 700.56-58 of the DPAS regulation.

CONTACTS FOR FURTHER INFORMATION:

- For any information related to the production or delivery of items against particular rated contracts or purchase orders, contact the local contract administration officer of the Delegate Agency or the Department of Commerce.
- If the Delegate Agency for submitting this form cannot be determined, or for any other information or problems related to the completion and filing of this form, the operation or administration of the DPAS, or to obtain a copy of the DPAS or any DPAS training materials, contact the **Office of Strategic Industries and Economic Security, Room 3876, U.S. Department of Commerce, Washington, D.C. 20230 (Attn.: DPAS); email DPAS@bis.doc.gov, telephone (202) 482-3634, or FAX (202) 482-5650.**

FOOTNOTES:

1. "Item," as used in this form, refers to all materials, services, and facilities, including construction materials, the authority for which has not been delegated to other agencies under Executive Order 13603 (also referred to as "Industrial Resources" as defined in the DPAS regulation).
2. "Applicant" as used in this form, refers to any Person requiring SPA, and eligible for such assistance under the DPAS. "Person" is defined in the DPAS regulation to include any individual, corporation, partnership, association, or any other organized group of persons, or legal successor or representative thereof; or any authorized State or local government agency thereof; and for purposes of the administration of this part, includes the United States Government and any authorized foreign government or international organization or agency thereof, delegated authority as provided in the DPAS regulation.

BURDEN ESTIMATE AND REQUEST FOR COMMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing the form. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Director of Administration, Bureau of Industry and Security, Room 6521, U.S. Department of Commerce, Washington, D.C. 20230. Notwithstanding any other provision of law, no person is required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number.