

# Application Summary

Reference Number:None

TSRA License Application

Generated on 6/28/2021

## Application Information

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

## Exporters

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

## Importers

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

## Products

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

## Financial Institutions

<b>Institution Name:</b>		<b>State:</b>	
<b>Address:</b>			
<b>City:</b>			

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**Postal Code:****Country:**

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## Legal Institutions

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**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:**

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## Attachments

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

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