



SUBJECT: PAPERWORK REDUCTION ACT – INFORMATION COLLECTION FOR RULEMAKING

INTRODUCTION

The new information collection for this rule will primarily take the form of Declarations of Conformity, specific authorizations applications, and advisory opinion requests. After the rule is published, OICTS will electronically intake Declarations of Conformity, specific authorization applications, and advisory opinion requests through the Compliance Application and Reporting System (CARS), a web-based submission portal owned by BIS.

The following disclaimers appear at the beginning of the Declaration of Conformity submission, specific authorization application, and advisory opinion request.

Disclaimers

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless a valid Office of Management and Budget (OMB) control number is displayed. The OMB control number assigned to this collection is 0694-0145 (expires XX/XX/2028). Send the completed form via the instructions at bis.gov/connected-vehicles.

BURDEN ESTIMATE AND REQUEST FOR COMMENT

The public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, and completing and reviewing the collection of information. You may send comments regarding the burden hour estimate or any other aspect of this collection to: CV-intake@bis.doc.gov.

DECLARATIONS OF CONFORMITY

A) Company Information

Company Information

Company or Individual Name*

Address 1*

Address 2

City*

Country*

State/Province*

Zip/Postal Code*

B) Point of Contact Information

Add New Point of Contact

Legal Name,.

Title

Affiliated Entity

Relationship to Declarant

Nature of Relationship

If Relationship to Applicant is "Other"

Email*

Phone,.

☐ Primary POC?

☐ Recordkeeping POC?

C) Declaration Purpose

Declaration Purpose

Indicate the purpose of this declaration: *

☐ New Submission

Submit a new declaration if you are a Vehicle Connectivity System (VCS) hardware importer or a connected vehicle manufacturer engaging in a transaction involving VCS hardware or covered software that is not prohibited but has a foreign interest.

☐ Material Change

Update a previously submitted declaration due to the discovery of a material change.

☐ Confirmation of Accuracy

Confirm the accuracy of information submitted in a previous declaration, as applied to vehicles of a new model year.

D) Transaction Information – Adding a VCS Hardware Transaction

Add Covered Item on Declaration of Conformity

Required fields are marked with an asterisk (*)

Name*

TCU

Type*

☒ VCS Hardware

☐ Covered Software

☐ VCS Hardware item is integrated with the list of associated vehicles

FCC ID (if known)

HTSUS Code (Optional)

E) Transaction Information – Adding a Covered Software Transaction

Add Covered Item on Declaration of Conformity

Required fields are marked with an asterisk (*)

Name*

SDK

Type*

☐ VCS Hardware

☒ Covered Software

Please detail the covered software.*

F) Transaction Information – Associating a Make and Model to the VCS Hardware or Covered Software

Make*

Model*

Model Year

Trim

VIN Series

Add New Vehicle

Reset

G) Voluntarily Provided Information

Voluntarily Provided Information

Please provide any additional information not requested in this form.

Additional Information (Optional)

4000 characters allowed.

H) Related Documentation

Related Documents

+ Add Document

No Related Documents found

Save and Continue

I) Certifications

Certifications

Required fields are marked with an asterisk (*)

(1) Do you certify, on behalf of the Declarant, that the VCS hardware or covered software identified in this declaration of conformity is not designed, developed, manufactured, or supplied by persons owned by, controlled by, or subject to the jurisdiction or direction of the People's Republic of China or Russian Federation?*

☒ Yes

☐ No

(2) Do you certify, on behalf of the Declarant, that due diligence (with or without the use of third-party assessments) has been conducted to inform the above certification, and the Declarant or a delegated third party maintains documents and third-party assessments (as applicable) which can be made available upon request by the Department(*) sufficient to demonstrate the above certification?*

☒ Yes

☐ No

(3) **For Covered Software Transactions:** Do you certify that the Declarant or delegated third-party maintains documents and third-party assessments, which can be made available upon request by the Department, sufficient to identify, at minimum, the author's name, timestamp, component name, and supplier name of all proprietary additions to the development of the covered software?*

☒ Yes

☐ No

☐ Not Applicable

(4) Do you certify that the Declarant has taken all possible measures, either contractually or otherwise, to ensure any necessary documentation and assessments from suppliers will be furnished to the Department upon request either by the Declarant, or in cases including confidential business information, directly by the supplier?*

☒ Yes

☐ No

SPECIFIC AUTHORIZATION APPLICATION

A) Company Information

Company Information

Company or Individual Name*

Address 1*

Address 2

City*

Country*

State/Province*

Zip/Postal Code*

B) Company Corporate Ownership

Additional Directions: For examples of helpful documentation you can submit in relation to a description of ownership, refer to the *What documentation should I submit in support of my Specific Authorization Application?* FAQ here: <https://www.bis.gov/oicts/connected-vehicles/specific-authorizations>.

Significant Ownership Interests

For the purpose of this application, a "significant ownership interest" is defined as any ownership interest, either direct, indirect, or in aggregate, that allows a person to exercise control over the business. You may include in your response a corporate ownership chart detailing any significant upstream indirect ownership interests, as applicable or as needed.

C) Point of Contact Information

Add New Point of Contact

Legal Name*	Title
<input type="text"/>	<input type="text"/>
Affiliated Entity	Relationship to Declarant
<input type="text"/>	<input type="text" value="-Select-"/>
Nature of Relationship If Relationship to Applicant is "Other"	Email*
<input type="text"/>	<input type="text"/>
Phone*	
<input type="text"/>	
<input type="checkbox"/> Primary POC?	

D) Whether the Specific Authorization Relates to a Previously Submitted Declaration of Conformity

Additional Directions: Pursuant to 15 CFR Part 791.305(f), if a connected vehicle manufacturer or VCS hardware importer determines that articles subject to a Declaration of Conformity are no longer eligible, it must, within 30 days, cease any prohibited conduct and submit a specific authorization application. If this is the reason for your specific authorization application, please associate the previous Declaration of Conformity below.

Prior Declaration of Conformity

<input type="text" value="-Select-"/>
<input type="button" value="Save and Continue"/>

E) Application Type

- Is the entity filing this Specific Authorization Application engaged in related prohibited transactions with respect to 15 CFR § 791.304?
 - o Yes
 - o No

By selecting “Yes,” you are required to list all covered software and VCS hardware that is designed, developed, manufactured, or supplied by you or a third-party. Please ensure to list all parties that are engaged in the otherwise prohibited transactions, including yourself, and associate the relevant covered software or VCS hardware item to each party.

F) Party Engaged in an Otherwise Prohibited Transaction – Relevant Corporate Identifiers

Business Name*

Identifier Type

Entity Corporate Identifiers

G) Party Engaged in an Otherwise Prohibited Transaction – Information Sufficient to Identify Ultimate Beneficial Ownership & Point of Contact Information

Address 1*	Address 2
<input type="text"/>	<input type="text"/>
City*	Country*
<input type="text"/>	<input type="text" value="United States of America (the)"/>
State/Province*	Postal Code*
<input type="text" value="-Select-"/>	<input type="text"/>
POC Legal Name	POC Title
<input type="text"/>	<input type="text"/>
POC Email	POC Phone
<input type="text"/>	<input type="text"/>

Ultimate Beneficial Ownership (if known)

For the purpose of this application, ultimate beneficial ownership is the person, corporation, partnership, association, or other organization that possesses the power, direct or indirect, whether or not exercised, through the ownership of a majority or a dominant minority of the total outstanding voting interest in an entity, board representation, proxy voting, a special share, contractual arrangements, formal or informal arrangements to act in concert, or other means, to determine, direct, or decide important matters affecting an entity.

H) Transaction Information – Party Transaction Role and Associated Covered Items

Transaction Role*	Transaction Role Notes If "Other" is selected, detail the party's role
<input type="text" value="-Select-"/>	<input type="text"/>

Covered Item (Optional)

Detail the covered item if this application covers multiple transactions. "Covered Item" refers to VCS hardware and/or covered software that is prohibited under 15 C.F.R. § 301, et. seq.

I) Transaction Information – Adding a VCS Hardware Transaction

Add Covered Item on Specific Authorization Application

Required fields are marked with an asterisk (*)

Name*

Type*

☒ VCS Hardware

☐ Covered Software

☐ VCS Hardware item is integrated with the list of associated vehicles

HTSUS Code (Optional)

Detail how the item directly enables the function of the system.*

Describe the nature of the design, development, manufacture, or supply (including assembling and packaging) of the above VCS hardware item made by an entity owned by, controlled by, or subject to the jurisdiction or direction of the PRC or Russia.*

J) Transaction Information – Adding a Covered Software Transaction

Add Covered Item on Specific Authorization Application

Required fields are marked with an asterisk (*)

Name*

Type*

☐ VCS Hardware

☒ Covered Software

System Enabled*

Detail how the item directly enables the function of the system.*

Describe the nature of the design, development, manufacture, or supply (including assembling and packaging) of the above covered software item made by an entity owned by, controlled by, or subject to the jurisdiction or direction of the PRC or Russia.*

K) Transaction Information – Associating a Make and Model to the VCS Hardware or Covered Software

Make*	Model*
<input type="text"/>	<input type="text"/>
Model Year	Trim
<input type="text"/>	<input type="text"/>
VIN Series	
<input type="text"/>	

Add New Vehicle

Reset

L) Internal Controls Assessment

Internal Controls Assessment*

Provide an assessment (internal or third-party) of the applicant's ability to limit PRC or Russian government interference, including any controls and procedures that the applicant has in place, or will immediately deploy, to mitigate any PRC or Russian government control or influence over the design, development, manufacture, or supply of the VCS hardware and/or covered software.

M) Security Standards Used

Security Standards Used*

Describe any security standards used by the applicant with respect to the VCS hardware and/or covered software within the prohibited transaction(s).

N) Other Actions and Proposals

Other Applicable Actions*

Please describe any other actions and proposals, such as technical controls (e.g., software validation, replacement supplier, etc.) or operational controls (e.g., physical and logical access monitoring procedures) the applicant has implemented, or intends to implement to address any undue or unacceptable national security risks stemming from the identified supply chain element under potential PRC or Russian government control or influence.

O) Voluntarily Provided Information

Voluntarily Provided Information

Please provide any additional information not requested in this form.

Additional Information (Optional)

4000 characters allowed.

P) Related Documentation

Related Documents

[+ Add Document](#)

No Related Documents found

Save and Continue

ADVISORY OPINION REQUESTS

A) Company Information

Company Information

Company or Individual Name*

Address 1*

Address 2

City*

Country*

State/Province*

Zip/Postal Code*

B) Point of Contact Information

Add New Point of Contact

Legal Name*

Title

Affiliated Entity

Relationship to Requestor

Nature of Relationship
If Relationship to Requestor is
"Other"

Email*

Phone*

☐ Primary POC?

C) Party Engaged in Prospective Transaction – Relevant Corporate Identifiers

Business Name*

Identifier Type

Entity Corporate Identifiers

D) Party Engaged in Prospective Transaction – Identifying Information

Address 1*

Address 2

City*

Country*

State/Province*

Postal Code*

POC Legal Name*

POC Title

POC Email*

POC Phone*

Ultimate Beneficial Ownership (if known)

For the purpose of this application, ultimate beneficial ownership is the person, corporation, partnership, association, or other organization that possesses the power, direct or indirect, whether or not exercised, through the ownership of a majority or a dominant minority of the total outstanding voting interest in an entity, board representation, proxy voting, a special share, contractual arrangements, formal or informal arrangements to act in concert, or other means, to determine, direct, or decide important matters affecting an entity.

E) Transaction Information – Party Transaction Role and Associated Covered Items

<p>Transaction Role*</p> <div>-Select- ↕</div>	<p>Transaction Role Notes</p> <p>If "Other" is selected, detail the party's role</p> <div></div>
<p>Covered Item (Optional)</p> <p>Detail the covered item if this application covers multiple transactions. "Covered Item" refers to VCS hardware and/or covered software that is prohibited under 15 C.F.R. § 301, et. seq.</p> <div></div>	

F) Transaction Information – Information Regarding VCS Hardware

Add Covered Item on Advisory Opinion Request

Required fields are marked with an asterisk (*)

Name*

Type*



VCS Hardware



Covered Software



VCS Hardware item is integrated with the list of associated vehicles

HTSUS Code (Optional)

G) Transaction Information – Information Regarding Covered Software

Add Covered Item on Advisory Opinion Request

Required fields are marked with an asterisk (*)

Name*

Type*

- ☐ VCS Hardware
☒ Covered Software

System Enabled

H) Transaction Information – Associating a Make and Model to the VCS Hardware or Covered Software

Make*

Model*

Model Year

Trim

VIN Series

Add New Vehicle

Reset

I) Advisory Opinion Request

Advisory Information

Enter an Advisory Opinion if you are unsure if a transaction is subject to a prohibition or requirement under the Connected Vehicles Rule.

Advisory Opinion Request*

4000 characters allowed.

J) Related Documentation

Related Documents

[+ Add Document](#)

No Related Documents found

[Save and Continue](#)