

Editable Version of DS-2032

1. General Information

Applicant is a U.S. Person:

☐ Yes ☐ No

2. Registration Information

Registration Action:

☐ New ☐ Renewal ☐ Amendment ☐ Request Early Cancellation of Registration

Request Early Cancellation of Registration

If applicant selects "Request Early Cancellation of Registration" in response to "Registration Action," then display and require a response to the following fields:

Please indicate what you intend to cancel in your Defense Export Control and Compliance System (DECCS) Registration:

- ☐ Cancel entire Registration (all types/codes) with the Directorate of Defense Trade Controls (DDTC).
☐ Cancel certain registration type(s).

Please provide the reason(s) for the early cancellation:

- ☐ Related to Mergers, Acquisitions, and Divestitures (MAD) ☐ Bankruptcy and Liquidation
☐ Discontinuing International Traffic in Arms Regulations (ITAR) Business ☐ Legal Entity Dissolution
☐ Other*

****If applicant selects "Other" in response to "Please provide the reason(s) for the early cancellation," then display and require the completion of the following explanation field:***

Require the completion of the following explanation field, unless applicant selects "Other":

Summarize the business reasons for your Early Cancellation of Registration:

If applicant selects "Cancel entire Registration (all types/codes) with DDTC" in response to "Please indicate what you intend to cancel in your DECCS Registration," then display and require a response to the following acknowledgement statement:

Please be aware that selecting "cancel entire Registration (all types/codes) with the Directorate of Defense Trade Controls (DDTC)" will, upon completion of DDTC's review, cause all registration types in your registration to be canceled. Cancellation is not immediate, and each cancellation request will be processed by a registration analyst. Please be aware that it is your responsibility to ensure that you have met, and continue to meet, all of your ITAR compliance obligations. Notably, 22 CFR Parts 122 and 129 require any person who engages in the United States in the business of manufacturing, exporting, or temporarily importing defense articles, furnishing defense services, or engaged in the business of brokering activities to

register with DDTC, unless otherwise exempt. If you intend to continue to engage in the business of manufacturing, exporting, or temporarily importing a defense article or furnishing a defense service, including fulfilling the terms of existing licenses or other approvals, you must remain registered with DDTC. You should complete any such activities relating to existing licenses or other approvals prior to requesting the cancellation of your registration.

☐ I have read the terms and acknowledge.

If applicant selects "Request Early Cancellation of Registration" and selects "Cancel particular registration type(s)" in response to "Please indicate what you intend to cancel in your DECCS Registration," then display "Registration Type" and require action on "Registration Type" to allow registrant to remove any applicable registration types. If applicant selects "Related to Mergers, Acquisitions, and Divestitures (MAD)" in response to "Please provide the reason(s) for the early cancellation," then display and require completion of "MAD Change" section.

Registration Type:

☐ Manufacturer ☐ Exporter ☐ Broker ☐ FMS Freight Forwarder (Exporter)
☐ U.S. Government ☐ Foreign Government ☐ One Time Exemption

ONE TIME EXEMPTION: Only display "One Time Exemption" option if the response to "Applicant is a U.S. Person" is "Yes,". If "One-Time Exemption" is selected then display and require completion of the following fields:

Description/Make/Model of Defense Article: _____
 Manufacturer of Defense Article: _____
 USML Category: _____
 Quantity of Defense Article: _____
 Dollar Value of Defense Article: _____

Please summarize the nature of the One Time Exemption transaction.

I certify that I am not in the business of manufacturing, exporting or temporarily importing defense articles, related technical data, or furnishing defense services as defined in the 22 CFR Part 120. I also am not in the business of brokering in accordance with 22 CFR Part 129.

☐ I have read the terms and acknowledge.

FOREIGN GOVERNMENT: If applicant selects "Foreign Government" in response to "Registration Type," then display the below (and require completion of the following fields only if Designate box is selected):

☐ Designate an U.S. FMS Freight Forwarder

Applicant legal name: _____

Subsidiary or Controlled Affiliate legal name: (if applicable) _____

Registration code: (if known) _____ Contract duration: (if known) _____

FMS FREIGHT FORWARDER (EXPORTER): If applicant selects "FMS Freight Forwarder (Exporter)" in response to "Registration Type," then display the following question:

Has a Foreign Embassy in the U.S designated your company as their FMS Freight forwarder in DECCS Registration?

Yes ☐ No ☐

If applicant selects NO, do not display Country or Embassy Registration code or Embassy Registration Expiration Date and allow to proceed to next question.

If applicant selects YES, then display, and require completion of the country field and ask for registration code and expiration date:

FMS FREIGHT FORWARDER (EXPORTER): If applicant selects "FMS Freight Forwarder (Exporter)" in response to "Registration Type," then display and require completion of the following field:

Identify authorized countries:

Country: _____

Embassy Registration code: _____ (if known)

Embassy Registration Expiration Date: _____ (if known)

BROKER: If applicant selects "Renewal" AND ALSO selects "Broker" in response to "Registration Type," then display and require completion of the following field:

Applicant has brokering activity to report (including successful/unsuccessful brokering activity).

☐ Yes ☐ No

RENEWAL: If applicant selects "Renewal" AND DECCS Registration determines that the registration is expired, then display and require a response to the following question:

If renewing lapsed registration, did you conduct any ITAR business during the lapse period?

☐ Yes ☐ No

If applicant selects "Yes" in response to: "If renewing lapsed registration, did you conduct any ITAR business during the lapse period?" then display and require a response to the following questions:

For a maximum period of 5 years please provide the number of months and the applicable year in which ITAR business was conducted:

Number of months Year yyyy

A voluntary disclosure has been submitted regarding the conduct of ITAR business during the lapse period.

☐ Yes ☐ No

If applicant selects "Amendment" OR "Renewal" in response to "Registration Action," then display and require a response to the following question:

What is the change type? (You may select more than one option)

- ☐ Renewal with no changes (**If Applicant selects "Amendment", then do not display this selection.**)
- ☐ Substantive Change (Registration information not related to merger, acquisition, or divestiture)
- ☐ Merger, Acquisition, or Divestiture (MAD) Change involving ownership or control of applicant
- ☐ Administrative Change (All registration changes that are not Substantive or MAD changes)

NEW, Renewal, ADMINISTRATIVE, SUBTANTIVE, AND MAD CHANGE AMENDMENTS

If applicant selects “Applicant opts in to DDTC confirming our DDTC registration status” then this question no longer appears on subsequent Administrative Change registration submissions, unless Applicant opts out:

- ☐ Applicant opts in to allow DDTC to confirm its registration status (which includes only its legal name and registration expiration date) to Authorized Users of Australia and the United Kingdom under 126.7 Exemption of the ITAR.

If applicant selects “Applicant opts out from DDTC confirming our DDTC registration status” then on subsequent Administrative Change submissions the following question “Applicant opt in to DDTC confirming our DDTC registration status” will reappear:

- ☐ Applicant opts out of DDTC confirming its registration status to Authorized Users of Australia and the United Kingdom under 126.7 Exemption of the ITAR.

If applicant selects “Administrative Change”, then display and require completion of the following:

Summarize the Administrative Change(s) being made:

SUBSTANTIVE CHANGE

If applicant selects “Substantive Change (Registration information not related to merger, acquisition, or divestiture)” in response to “What is the change type?” then display and require completion of the following fields and include data field for each Substantive change selected which must be completed:

Please select all Substantive Change(s) that apply:

- ☐ Criminal Charge ☐ Eligibility ☐ Name ☐ Address ☐ Legal organization structure
☐ Directors, senior officers, partners, and/or owners ☐ Establishment/Addition of subsidiary/controlled affiliate
☐ Removal of subsidiary/controlled affiliate ☐ Bankruptcy and/or Liquidation

Date of event triggering notification requirement Click or tap to enter a date.

Will any existing licenses or other approvals be impacted by the selected Substantive Change(s)?

- ☐ Yes ☐ No

If applicant selects Substantive Change the following question will appear if Substantive Change type selected is “Name”:

Summarize the business reasons for the Substantive Change(s) being made, include a statement of purpose and description of scope with an explanation of actions taken/to be taken inside and outside of the United States:

MAD CHANGE

If applicant selects “Merger, Acquisition, or Divestiture (MAD) Change involving ownership or control of applicant” in response to “What is the change type?” then display and require completion of the following fields:

Please identify the relevant MAD transaction:

☐ Merger ☐ Acquisition ☐ Divestiture

Date of event triggering notification requirement [Click or tap to enter a date.](#)

The reported transaction has transferred **ownership** of an applicant or any entity thereof to a foreign person (to include insertion of a foreign person between the applicant and ultimate parent).

☐ Yes ☐ No

The reported transaction has transferred **control** of an applicant or any entity thereof to a foreign person (to include insertion of a foreign person between the applicant and ultimate parent).

☐ Yes ☐ No

DECCS SYSTEM: If date selected from "Date of event triggering notification requirement" is greater than 5 days from submission date, then display and require a response to the following question:

A voluntary disclosure has been submitted. ☐ Yes ☐ No

If applicant selects "Yes" in response to "A voluntary disclosure has been submitted," then display and require completion of the following field:

DTCC case number: _____

Indicate how the reported transaction was executed.

☐ Asset Purchase ☐ Stock Purchase ☐ Other

If applicant selects "Other" in response to "Indicate how the reported transaction was executed" then require completion of the following field:

If other explain:

Summarize the essential facts of the transaction, including a statement of purpose and description of scope with an explanation of actions taken/to be taken inside and outside of the United States:

Details of Transaction

Applicant's role in transaction:

☐ Acquiring party ☐ Surviving party to merger
☐ Divesting party ☐ Non-Surviving party to merger

Identity of each additional acquiring party, divesting party, and/or party to the merger:

Party Name: _____ Add

Party Type: ☐ Entity ☐ Natural Person

If applicant selects "Natural Person" in response to "Party Type," then display and require completion of the following fields:

First Name: _____

Middle Name: _____ ☐ None

Last Name: _____

Citizenship(s):
 --Citizenship 1 --
 --Citizenship 2 --
 Date of Birth:
 Birth Country:

Country of Residence:
 Telephone:
 E-Mail:

If applicant selects "Entity" in response to "Party Type," then display and require completion of the following fields:

Select Entity Type: ☐ Parent ☐ Subsidiary ☐ Controlled Affiliate
 Registered with DDTC? ☐ Yes ☐ No ☐ Unknown

If applicant selects "Yes" in response to "Registered with DDTC?" then display and require completion of the following fields:

Registration code (if known):
 Role in transaction: ☐ Acquiring party ☐ Divesting party
☐ Surviving party to merger ☐ Non-Surviving party to merger

If applicant selects "Surviving party to merger" OR "Non-Surviving party to merger" in response to "Role in Transaction," then display and require completion of the following field:

For confirmation purposes, list registration code of surviving party:

If applicant selects "Divesting Party" in response to "Applicant's role in transaction" OR "Role in transaction", then display and require completion of the following field:

Was the divesting party wholly or partially acquired?
☐ The divesting party has been wholly acquired.
☐ The divesting party has been partially acquired.

If applicant selects "the divesting party has been partially acquired" in response to "Was the divesting party wholly or partially acquired" then display and require completion of the following field:

Identify each subsidiary or controlled affiliate that the applicant has divested or acquired in the described transaction:

Entity Legal Name:

If applicant selects "Acquiring party" or "Surviving party to merger" in response to "Applicant's Role in the Transaction" require completion of the following field:

Will any existing licenses and other approvals transfer to acquiring party or surviving party to merger's registration?
☐ Yes ☐ No

If applicant selects "Acquiring party" OR "Surviving party to merger" in response to "Applicant's role in transaction:" AND selects "Yes" in response to "Will any existing licenses and other approvals transfer to acquiring party or surviving party to merger's registration," then display

The applicant assumes all rights, responsibilities, liabilities, and obligations that existed, exist, or may develop under the Arms Export Control Act or the International Traffic in Arms Regulations for the specified DDTC licenses and/or other approvals (including any conditions, limitations, proviso, or amendments thereto).

RENEWAL: If applicant selects "Renewal" in response to "Registration Action," then display and require a response to the following field:

Summarize the essentials of the registration renewal and any applicable changes, including a statement of purpose and description of scope with an explanation of actions taken/to be taken inside and outside of the United States:

3. Foreign Ownership/Control Information

If applicant selects "No" in response to "Applicant is a U.S. Person" AND selects "Broker" in response to "Registration Type," then do not display first three questions in Block 3, only display the last two questions regarding 22 CFR 126.1 relating to foreign ownership and control.

A foreign person owns, or foreign persons own, more than 50% of the outstanding voting securities of the applicant:

☐ Yes ☐ No

If applicant selects "Yes" in response to "A foreign person owns, or foreign persons own, more than 50% of the outstanding voting securities of the applicant" then display and require a response to the following field:

Country:

A foreign person has, or foreign persons have, the authority or the ability to establish or direct the general policies or day- to-day operations of the applicant:

☐ Yes ☐ No

If applicant selects "Yes" in response to "A foreign person has, or foreign persons have, the authority or the ability to establish or direct the general policies or day- to-day operations of the applicant" then display and require a response to the following field:

Country:

A foreign person owns, or foreign persons own, 25% or more of the outstanding voting securities or equity and no other person controls an equal or larger percentage:

☐ Yes ☐ No

If applicant selects "Yes" in response to "Foreign persons (including foreign governments) from countries specified in 22 CFR 126.1 have the authority and/or ability to establish and/or direct the general policies and/or day-to-day operations of the applicant," then display and require a response to the following field:

Country:

Foreign persons (including foreign governments) from countries specified in 22 CFR 126.1 have the authority and/or ability to establish and/or direct the general policies and/or day-to-day operations of the applicant:

☐ Yes ☐ No

If applicant selects "Yes" in response to "Foreign persons (including foreign governments) from countries specified in 22 CFR 126.1 have the authority and/or ability to establish and/or direct the general policies and/or day-to-day operations of the applicant," then display and require a response to the following field:

Country:

Foreign persons (including foreign governments) from countries specified in 22 CFR 126.1 own more than 5% of the outstanding voting securities or equity of the applicant:

☐ Yes ☐ No

If applicant selects "Yes" in response to "Foreign persons (including foreign governments) from countries specified in 22 CFR 126.1 own more than 5% of the outstanding voting securities of the applicant," then display and require a response to the following field:

Country: _____

If the applicant selects "Renewal" or "Amendment" in response to "Registration Action" and also selects "Yes" in response to any of the Foreign Ownership/Control questions in Block 3 where "No" was not previously indicated, display and require response to the following fields:

Did you submit, as appropriate, 60-day pre-transaction notification to DDTC per 22 CFR 122.4(b)?

☐ Yes ☐ No

If the applicant selects "No" in response to "Did you submit, as appropriate, 60-day pre-transaction notification to DDTC per 22 CFR 122.4(b)?" display and require a response to the following fields:

4. Organization Type Information

Organization Type:

☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Sole Proprietorship
☐ Educational Institution ☐ Individual ☐ Other

If applicant selects "Other" in response to "Organization Type" require completion of the following field

Other Organization Type: _____

Other Organization Type Explanation:

If one of the Organization types in question 4 is selected, then display the following fields, and if non-profit is selected require IRS supporting document:

Is the Selected Organization Type For-Profit or Non-Profit?

☐ Non-profit

Is the applicant a legal entity operating under a Joint Venture Agreement? Please indicate status below by selecting "Yes" or "No":

☐ Yes ☐ No

Date of Incorporation or Business Commencement Date (if applicable): (mm/dd/yyyy or mm/yyyy) _____
Place of Incorporation or Business Commencement Date (if applicable):
 City: _____ State/Province: _____ Country: _____

5. Identifying Information

Applicant Type:

☐ Entity ☐ Natural Person

If applicant selects "Entity" in response to "Applicant Type," then display and require completion of the following field:

Does the entity engage in the business of manufacturing, or exporting, or temporarily importing of a defense article or furnishing a defense service? ☐ Yes ☐ No

If applicant selects "No" in response to "Does the entity engage in the business of manufacturing, or exporting, or temporarily importing of a defense article or furnishing of a defense service?" , then display and require completion of the following field:

Identify the entity type.

☐ Holding Company ☐ Private Equity ☐ Other

Other Organization Type Explanation:

If applicant selects "Holding Company" in response to "Identify the entity type," then display and require completion of the following fields:

Does the holding company have the authority and/or ability to establish or direct the general policies or day-to-day operations of the subsidiaries and controlled affiliates? ☐ Yes ☐ No

Does the holding company have the necessary oversight, including directing policies and procedures, to ensure subsidiaries and controlled affiliates compliance with the ITAR? ☐ Yes ☐ No

Applicant Legal Name and Physical Legal Address

If applicant selects "Entity" in response to "Applicant Type," then display and require completion of the following fields:

Company/Organization Name: _____
 Doing Business As: _____

Address Line: _____
 City: _____ Country: _____
 State/Province: _____ Zip/Postal Code: _____
 Website: _____

If applicant selects "Natural Person" in response to "Applicant Type," then display and require completion of the following fields:

First Name: _____
 Middle Name: _____ ☐ None
 Last Name: _____
 Address Line: _____
 City: _____ Country: _____
 State/Province: _____ Zip/Postal Code: _____
 Website: _____
☐ Mailing address is the same as legal address.

If applicant DOES NOT select "Mailing address is the same as legal address", then display and require completion of the following fields:

Applicant Mailing Address

Address Line: _____
 City: _____ Country: _____
 State/Province: _____ Zip/Postal Code: _____

Applicant Point of Contact:

POC Type: ☐ Applicant ☐ Third Party
 POC Name: _____
 POC Position/Title: _____
 POC Telephone: _____ POC E-Mail: _____

If applicant selects "Authorized third^d party point of contact" for this registration then display and require completion of the following POC fields:

Authorized third party point of contact:

Company or Organization: _____
 Name: _____
 Title: _____
 Telephone: _____ E-Mail: _____

6. Members of the Board of Directors, Senior Officers, Partners, and Owners:

If "Organization Type" is "Corporation", "Limited Liability Company", or "Partnership" then only display following options :

Yes ☐ No ☐ Chief Executive Officer
 Yes ☐ No ☐ President
 Yes ☐ No ☐ Chief Financial Officer
 Yes ☐ No ☐ Chief Operating Officer
 Yes ☐ No ☐ Chief Information Officer
 Yes ☐ No ☐ Chief Technology Officer
 Yes ☐ No ☐ Corporate Secretary
 Yes ☐ No ☐ Partner [number of Partners ____]

Yes ☐ No ☐ Managing Member
 Yes ☐ No ☐ Treasurer
 Yes ☐ No ☐ Inside General Counsel
 Yes ☐ No ☐ Chairman of the Board of Directors
 Yes ☐ No ☐ Member Board of Directors [number of inside positions ____]
 Yes ☐ No ☐ Owner (Natural Person) [number of Owners (Natural Person) ____]
 Yes ☐ No ☐ Owner (Legal Entity) [number of Owners (Legal Entities) ____]
 Yes ☐ No ☐ Owner (Trust) and managing Trustee [number of Trusts and managing Trustees ____]
 Yes ☐ No ☐ Other [number of other positions ____]

If "Organization Type" is "Educational Institution" then only display the following options:

Yes ☐ No ☐ Provost
 Yes ☐ No ☐ Chancellor
 Yes ☐ No ☐ Chief Executive Officer
 Yes ☐ No ☐ President
 Yes ☐ No ☐ Chief Financial Officer
 Yes ☐ No ☐ Chief Operating Officer
 Yes ☐ No ☐ Chief Information Officer
 Yes ☐ No ☐ Chief Technology Officer
 Yes ☐ No ☐ Corporate Secretary
 Yes ☐ No ☐ Partner [number of Partners ____]
 Yes ☐ No ☐ Managing Member
 Yes ☐ No ☐ Treasurer
 Yes ☐ No ☐ Inside General Counsel
 Yes ☐ No ☐ Chairman of the Board of Directors
 Yes ☐ No ☐ Member Board of Directors [number of inside positions ____]
 Yes ☐ No ☐ Owner (Trust) and managing Trustee [number of Trusts and managing Trustees ____]
 Yes ☐ No ☐ Owner (Legal Entity) [number of Owners (Legal Entities) ____]
 Yes ☐ No ☐ Owner (Natural Person)) [number of Owners (Natural Person) ____]
 Yes ☐ No ☐ Other [number of other positions ____]

If "Organization Type" is "Sole Proprietor" then only display the following option:

Yes ☐ No ☐ Sole Proprietor

If "Organization Type" is "Individual" then only display the following option.

Yes ☐ No ☐ Individual

If "Organization Type" is "U.S. Government" then only display the following option.

Yes ☐ No ☐ U.S. Government Official

If "Registration Type" is "Foreign Government" then only display the following option.

Yes ☐ No ☐ Foreign Government Official

Complete the below for all Position(s)/Title(s) where selected Yes above.

Member Type:

☐ Natural Person ☐ Entity

U.S. Person:
☐ Yes ☐ No

List all Position(s)/Title(s) Held: _____

Other: _____

If applicant selects "Owner (Trust)," or "Owner (Legal Entity)" or "Owner (Natural Person)" in response to "List all Position(s)/Title(s)," then display and require responses to the following fields:

Does the owner own more than 5% of the applicant's voting securities? ☐ Yes ☐ NoDoes the owner own more than 50% of the applicant's voting securities? ☐ Yes ☐ NoDoes the owner have the authority or ability to establish or direct the general policies or day-to-day operations of the applicant? ☐ Yes ☐ No

If applicant selects "Natural Person" in response to "Member Type," then display and require completion of the following fields:

Last Name: _____

First Name: _____

Middle Name: _____

Citizenship(s): _____

Add

Telephone: _____

E-Mail: _____

Date of Birth: _____

Birth Country: _____

Country of Residence: _____

If the applicant selects "Member Type" is a natural person and selects yes to "U.S. Person", and the applicant and Members list a residence outside of the United States, then display the following question:

Summarize how U.S. Person Members residing outside the United States exercise the authority or the ability to establish or direct the general policies or day-to-day operations of the Applicant, its subsidiaries, and its controlled affiliates, to ensure ITAR compliance and oversight?

If applicant selects "Entity" in response to "Member Type," then display and require completion of the following fields:

Company/Organization Name: _____

Doing Business As Name: _____

Address Line: _____

City: _____

Country: _____

Zip/Postal Code: _____

If applicant selects "Owner (Trust)" in response to "Organization Type" then display and require completion of the following fields:

Trust Information

Trust Name: _____

Address Line: _____

City: _____

Country: _____

Zip/Postal Code: _____

Trustee Information

Last Name: _____

First Name: _____

Middle Name: _____

Citizenship(s): _____

Add _

Telephone: _____

E-Mail: _____

Date of Birth: _____

Birth Country: _____

Country of Residence: _____

Point of Contact:

First Name: _____

Last Name: _____

Telephone: _____

Email: _____

Type of Modification:

☐ No change
 ☐ Substantive Change
 ☐ Merger
 ☐ Acquisition
 ☐ Divestiture
 ☐ Remove/not dispose
 ☐ Establishment/Addition (non-MAD)
 ☐ Other

7. U.S. Munitions List Categories

U.S. Munitions List categories relevant to the applicant's manufacturing, exporting, and/or brokering activities:

- ☐ I Firearms and Related Articles
☐ II Guns and Armament
☐ III Ammunition and Ordnance
☐ IV Launch Vehicles, Guided Missiles, Ballistic Missiles, Rockets, Torpedoes, Bombs, and Mines
☐ V Explosives and Energetic Materials, Propellants, Incendiary Agents, and Their Constituents
☐ VI Surface Vessels of War and Special Naval Equipment
☐ VII Ground Vehicles
☐ VIII Aircraft and Related Articles
☐ IX Military Training Equipment and Training
☐ X Personal Protective Equipment
☐ XI Military Electronics
☐ XII Fire Control, Laser, Imaging, and Guidance Equipment
☐ XIII Materials and Miscellaneous Articles
☐ XIV Toxicological Agents, Including Chemical Agents, Biological Agents, and Associated Equipment
☐ XV Spacecraft and Related Articles
☐ XVI Nuclear Weapons Related Articles
☐ XVII Classified Articles, Technical Data, and Defense Services Not Otherwise Enumerated
☐ XVIII Directed Energy Weapons
☐ XIX Gas Turbine Engines and Associated Equipment
☐ XX Submersible Vessels and Related Articles
☐ XXI Articles, Technical Data, and Defense Services Not Otherwise Enumerated

Enter applicable Determination number: _____

Add _

Please provide a brief description of applicant's business activities:

8. Subsidiary/Controlled Affiliate Information

Does the applicant own, or otherwise control, any U.S. or foreign subsidiaries or controlled affiliates in the business of manufacturing, exporting, and/or brokering defense articles or services?

☐ Yes ☐ No

Activity Type:

☐ Manufacturer ☐ Exporter ☐ Broker ☐ FMS Freight Forwarder (Exporter)

Company/Organization Legal Name: _____

"Doing Business As" Name: _____

Address Line : _____

City: _____ Country: _____

State/Province: _____ Zip/Postal Code: _____

List all U.S. or foreign subsidiaries and affiliates in the business of manufacturing, exporting, or brokering defense articles or services owned or otherwise controlled by applicant.

U.S. Person: ☐ Yes ☐ No

Relationship: ☐ Subsidiary ☐ Controlled Affiliate

Is the applicant's subsidiary or controlled affiliate operating under a Joint Venture Agreement? Please indicate status below by selecting "Yes" or "No":

☐ Yes ☐ No

If applicant selects "Controlled Affiliate" in response to "Relationship," then display and require responses to the following fields:

For Controlled Affiliate:

Applicant has the authority and/or ability to establish or direct the general policies or day-to-day operations of the controlled affiliate.

☐ Yes ☐ No

Applicant owns 25% or more of the controlled affiliate's outstanding voting securities and no other person controls an equal or larger percentage.

☐ Yes ☐ No

For Controlled Affiliate: Countries specified by 22 CFR 126.1:

A foreign person from a country specified in 22 CFR 126.1 has, or foreign persons from ITAR 126.1 countries have, the authority or ability to establish or direct the general policies or day-to-day operations of the controlled affiliate.

☐ Yes ☐ No

If applicant selects "Yes" in response to "A foreign person from a country specified in ITAR 126.1 has, or foreign persons from ITAR 126.1 countries have, the authority or ability to establish or direct the general policies or day-to-day operations of the controlled affiliate," then display and require the completion of the following field:

Country: _____

A foreign person from a country specified in 22 CFR 126.1 controls, or a foreign person from a country listed in 22 CFR 126.1, controls 5% or more of the applicant's voting securities.

☐ Yes ☐ No

If applicant selects "Yes" in response to "A foreign person from a country specified in 22 CFR 126.1 controls, or foreign persons from countries listed in 22 CFR 126.1, control, 5% or more of the applicant's voting securities," then display and require the completion of the following field:

Country: _____

Type of Modification:

☐ No change ☐ Substantive Change ☐ Merger ☐ Acquisition ☐ Divestiture ☐ Remove/not dispose
☐ Establishment/Addition (non-MAD) ☐ Other

☐ Separate Point of Contact for Subsidiary/Controlled Affiliate

If applicant selects "Separate Point of Contact for Subsidiary/Controlled Affiliate," then display and require completion of the following POC fields:

Subsidiary/Controlled Affiliate Point of contact:

POC Name: _____

POC Title: _____

POC Telephone: _____ POC E-Mail: _____

Remove subsidiary/controlled affiliate: _____

If applicant selects "Broker" in response to "Registration Type" AND "Renewal" in response to "Registration Action," then display and require response to the following field:

Subsidiary/controlled affiliate has brokering activity to report (including successful/unsuccessful broker activity).

☐ Yes ☐ No

9. Parent Information

Does the applicant have any parent entities (U.S. and foreign, intermediate, and ultimate) that have ownership and control over the applicant?

☐ Yes ☐ No

If the applicant selects "Yes" to "Does the applicant have any parent entities (U.S. and foreign, intermediate, and ultimate) that have ownership and control over the applicant?" then display and require response to the following field:

List all parent entities (U.S. or foreign, intermediate, or ultimate):

Organization Legal Name: _____

"Doing Business As" Name: _____

Address Line: _____

City: _____ Country: _____

State/Province: _____ Zip/Postal Code: _____

☐ Separate Point of Contact for Parent

Add

If applicant selects "Separate Point of Contact for Parent," then display and require completion of the following point of contact (POC) fields:

Parent Company Point of contact (POC):

POC Name: _____

POC Title: _____

POC Telephone: _____ POC E-Mail: _____

Parent Status: ☐ Ultimate ☐ Intermediate

U.S. Person: ☐ Yes ☐ No

Foreign owned or controlled: ☐ Yes ☐ No

Government owned or controlled: ☐ Yes ☐ No

Type of Modification:

☐ No change ☐ Substantive Change ☐ Merger ☐ Acquisition ☐ Divestiture ☐ Remove/not dispose ☐

Establishment/Addition (non-MAD) ☐ Other

10. ITAR Written Policies

Does applicant have written policies and procedures for compliance with the ITAR (including but not limited to 22 CFR 122.5)?

☐ Yes ☐ No

11. Statement of Registration

Indicted/Charged/Convicted Status:

☐ No person has been indicted or otherwise charged (e.g., charged by criminal information in lieu of indictment) for or convicted of violating any of the U.S. criminal statutes enumerated in 22 CFR 120.6 or violating a foreign criminal law on exportation of defense articles where conviction of such law carries a minimum term of imprisonment of greater than 1 year.

☐ One or more persons have been indicted or otherwise charged (e.g., charged by criminal information in lieu of indictment) for or convicted of violating any of the U.S. criminal statutes enumerated in 22 CFR 120.6 or violating a foreign criminal law on exportation of defense articles where conviction of such law carries a minimum term of imprisonment of greater than 1 year. A copy of the relevant documentation is attached.

Contract and license eligibility

☐ No person is ineligible to contract with, or to receive a license or other approval to import defense articles or defense services from, or to receive an export license or other approval from, any agency of the U.S. Government.

☐ One or more persons are eligible to contract with, or to receive a license or other approval to import defense articles or defense services from, or to receive an export license or other approval from, any agency of the U.S. Government. A copy of the relevant documentation is attached.

Supporting Documentation:

☐ Legal Entity Organizational chart

☐ Director/Senior Officer Organizational chart

☐ Applicant organization type "other" explanation

- ☐ Indicted/Charged/Convicted status documentation
 - ☐ Explanation of applicant control/ownership
 - ☐ IRS nonprofit authorization
 - ☐ Documentation of U.S. Person status
 - ☐ Contract and license eligibility status documentation
 - ☐ Subsidiary/controlled affiliate removal type "other" explanation
 - ☐ Commodity Jurisdiction Final Determination Letter
 - ☐ Other supporting documentation
 - ☐ Broker activity report (Control #: 1405-0141)
- Burden: 2 hours)

Proof Applicant is Currently Authorized to Do Business

- ☐ Articles of Incorporation – For Companies incorporated
- ☐ Articles of Organization – For Companies organized as a Limited Liability Company
- ☐ Certificate of Limited Liability Partnership – For Companies organized as a Limited Liability Partnership
- ☐ Certificate of Limited Partnership – For Companies organized as a Limited Partnership
- ☐ Certificate of Limited Liability Limited Partnership – For Companies organized as a Limited Liability Limited Partnership
- ☐ University Charter – For Universities, Colleges, and Institutions of higher learning.
- ☐ Amended Articles (Name Change Certificate) – For Companies that change their legal name
- ☐ State Government Endorsed Annual Report – Only valid for current year
- ☐ State Government Issued Certificate of Good Standing – Only valid for current year
- ☐ Trust Agreement – For entities organized as a Trust
- ☐ City or County Business License (only for sole proprietor)
- ☐ IRS EIN (only for sole proprietor)
- ☐ Other Supporting State Government document – For other Company organization structure not otherwise identified above.

Proof Foreign Person Broker is Currently Authorized to Do Business

- ☐ Supporting Foreign Government Document (Also attach English translation if not in English)

Proof of Merger, Acquisition, or Divestiture Transaction

- ☐ Certificate of Merger – For Companies that legally merge with and into another company
- ☐ Amended Articles (Name Change Certificate) – For Companies that change their legal name
- ☐ Certificate of Conversion – For Companies that changed their business entity type (for example, Inc. to LLC)
- ☐ Other Supporting State Government document – For other Company organization structure not otherwise identified in one through three above

Proof of Organizational Structure

- ☐ Trust Agreement – For entities organized as a Trust
- ☐ Joint Venture Agreement – For applicant or subsidiary or controlled affiliate operating under a Joint Venture Agreement

Senior Officer application and certification signature:

First Name: _____

Middle Name: _____ ☐ None

Last Name: _____	
Title: _____	E-Mail: _____
Signature: _____	Date: _____

Designate a corporate administrator:
Name: _____
Title: _____
Telephone: _____ E-Mail: _____

Add