

FOREIGN PRODUCERS'/EXPORTERS' QUESTIONNAIRE

INVESTIGATION TITLE (PRODUCT FROM COUNTRIES)

This questionnaire must be received by the Commission by **DATE**
See last page for instructions regarding how to file this questionnaire.

The information called for in this questionnaire is for use by the United States International Trade Commission in connection with its review of the **countervailing duty/antidumping duty** order(s) concerning **#abbrproduct** from **#ctrysubs** (Inv. No. **701/731-TA-xxx (Review)**). The information requested in the questionnaire is requested under the authority of the Tariff Act of 1930, title VII.

Please enter your firm's official name with proper capitalization and punctuation. This is the name that will appear on the Commission's record for this proceeding.

Name of firm _____

Address _____

Website _____

Has your firm produced or exported **#abbrproduct** (as defined on next page) at any time since January 1, **#bopyear**?

NO (Type signature in the certification below and promptly return **only** this page of the questionnaire to the Commission)

YES (Complete all parts of the questionnaire, and return the entire questionnaire to the Commission)

Data reported in this questionnaire relate to (Check one):

COUNTRY

COUNTRY

COUNTRY

COUNTRY

Return questionnaire via the Commission secure portal by clicking on the following link:
<https://usitc.gov/qportal>. (PIN: **XXXX**, Phase: **XXXX**). See last page for detailed instructions.

REQUEST / CERTIFICATION / ACKNOWLEDGEMENT

I request that the Commission treat as business proprietary information (as defined below) all information submitted in response to this questionnaire, except as indicated below in response to question 1.1b. I certify that the information herein supplied in response to this questionnaire is complete and correct to the best of my knowledge and belief and understand that the information submitted is subject to audit and verification by the Commission. By means of this certification I also grant consent for the Commission, and its employees and contract personnel, to use the information provided in this questionnaire and throughout this proceeding in any other import-injury proceedings conducted by the Commission on the same or similar merchandise.

I, the undersigned, acknowledge that information submitted in response to this request for information and throughout this proceeding or other proceedings may be disclosed to and used: (i) by the Commission, its employees and Offices, and contract personnel (a) for developing or maintaining the records of this or a related proceeding, or (b) in internal investigations, audits, reviews, and evaluations relating to the programs, personnel, and operations of the Commission including under 5 U.S.C. Appendix 3; or (ii) by U.S. government employees and contract personnel, solely for cybersecurity purposes. I understand that all contract personnel will sign appropriate nondisclosure agreements.

Name of Authorized Official

Title of Authorized Official

Date

Type Signature (e.g., "/s/ full name") Phone

Email address

PART I. GENERAL INFORMATION

Background. On **Date**, the **Department of Commerce (“Commerce”)/the Treasury** issued a **countervailing duty order/an antidumping duty order/suspended an investigation** on imports of **#abbrproduct** from **#ctrysubs**. On **Date**, the Commission instituted a review pursuant to section 751(c) of the Tariff Act of 1930 (19 U.S.C. § 1675(c)) (the Act) to determine whether **revocation of the order/termination of the suspended investigation** would be likely to lead to continuation or recurrence of material injury to the domestic industry within a reasonably foreseeable time. If both the Commission and Commerce make an affirmative determination, the **order/suspension agreement** will remain in place. If either the Commission or Commerce makes a negative determination, Commerce will **revoke the order/terminate the suspension agreement**. Pertinent information to this proceeding is available at:

Questionnaires: https://usitc.gov/reports/active_import_injury_questionnaires.

Other case information: **{add IDS investigation specific website link}**

#abbrproduct covered by this proceeding is . . . **COMMERCE SCOPE LANGUAGE**

#abbrproduct is/are currently imported under statistical reporting numbers **XXXX.XX.XXXX** of the **Harmonized Tariff Schedule of the United States (HTSUS)**. It/They may also be imported under HTSUS statistical reporting number **XXXX.XX.XXXX**. The HTSUS provisions are for convenience and customs purposes; the written description of the scope is dispositive.

Reporting of information. If information is not readily available from your records, provide carefully prepared estimates. If your firm is completing more than one questionnaire (i.e., a producer, importer, purchaser and/or foreign producer questionnaire), you need not respond to duplicated questions.

Business proprietary information. Information that concerns or relates to the trade secrets, processes, operations, style of works, or apparatus, or to the production, sales, shipments, purchases, transfers, identification of customers, inventories, or amount or source of any income, profits, losses, or expenditures of any person, firm, partnership, corporation, or other organization, or other information of commercial value, the disclosure of which is likely to have the effect of causing substantial harm to the competitive position of the person, firm, partnership, corporation, or other organization from which the information was obtained, unless the Commission is required by law to disclose such information.

Confidentiality. The business proprietary information furnished in response to this questionnaire will be treated as confidential by the Commission to the extent that such data are not otherwise available to the public and will not be disclosed except as may be required by law (see 19 U.S.C. § 1677f). Such information will not be published in a manner that will reveal the individual operations of your firm.

Verification. The information submitted in this questionnaire is subject to audit and verification by the Commission. To facilitate possible verification of data, please keep all files, worksheets, and supporting documents used in the preparation of the questionnaire response. Please also retain a copy of the final document that you submit.

Release of information. The information provided by your firm in response to this questionnaire, as well as any other business proprietary information submitted by your firm to the Commission in connection with this proceeding, may become subject to, and released under, the administrative protective order provisions of the Tariff Act of 1930 (19 U.S.C. § 1677f) and section 207.7 of the Commission’s Rules of Practice and Procedure (19 CFR § 207.7). This means that certain lawyers and other authorized individuals may temporarily be given access to the information for use in connection with this proceeding or other import-injury proceedings conducted by the Commission on the same or similar

merchandise; those individuals would be subject to severe penalties if the information were divulged to unauthorized individuals.

Valid number error messages. If you are completing this form in a country that uses periods (".") to delineate multiples of 1000 (e.g., one million would appear as \$1.000.000 rather than \$1,000,000), you may be unable to enter in numbers greater than 999 in numeric form fields. The solution to this data entry issue is to temporarily change your operating system's number formatting to be consistent with the U.S. number formatting system while you complete this form. Detailed instructions on how to resolve this issue are provided at the end of this questionnaire and are available upon request from **INVESTIGATOR** (202-xxx-xxxx, **NAME@usitc.gov**).

I-1a. **Reporting requirements.** Please report below the actual number of hours required and the cost to your firm of completing this questionnaire for use by the Office of Management and Budget.

Hours	Dollars

Public reporting burden for this questionnaire is estimated to average 30 hours per response, including the time for reviewing instructions, gathering data, and completing and reviewing the questionnaire.

We welcome comments regarding the accuracy of this burden estimate, suggestions for reducing the burden, and any suggestions for improving this questionnaire. Please provide such comments to the Office of Investigations, import_injury@usitc.gov.

I-1b. **Treatment of information.** Please indicate below the questions in each section of the questionnaire for which your response consists of information that is **not** business proprietary information.

	My firm's responses to questions <i>do not</i> contain business proprietary information in the following specific questions (e.g., question II-2):
Part I:	
Part II:	
Part III:	

I-2. **Establishments covered.** Provide the name and address of establishment(s) covered by this questionnaire.

"Establishment" —Each facility of a firm in **#ctrysubs** involved in the production or export of **#abbrproduct**, including auxiliary facilities operated in conjunction with (whether or not physically separate from) such facilities. Firms operating more than one establishment in **#ctrysubs** should combine the data for all establishments into a single report.

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I-3. **Stock symbol information.** If your firm or any of the entities reported in question I-2 are publicly traded in the United States, please specify the stock exchange and trading symbol (including American Depository Receipts, if applicable): _____.

I-4. **External counsel.** If your firm or parent firm is represented by external counsel in relation to this proceeding, please specify the name of the law firm and the lead attorney(s).

Law firm:	
Lead attorney(s):	

I-5. **U.S. importers.** Please provide the names, contacts, email addresses, and telephone numbers of the **TEN** largest U.S. importers of your firm's **#abbrproduct** since January 1, **#bopyear**.

No.	Importer's name	Contact person	Email address	Area code and telephone number	Share of your firm's #termyear U.S. exports (%)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

“Related firm” —A firm that your firm solely or jointly owned, managed, or otherwise controlled; a firm that solely or jointly owned, managed, or otherwise controlled your firm; and/or a firm that was solely or jointly owned, managed, or otherwise controlled by a firm that also solely or jointly owned, managed, or otherwise controlled your firm.

I-6. **Related producers.** Does your firm or any related firm produce, have the capability to produce, or have any plans to produce **#abbrproduct** in the United States or other countries?

No	Yes	If yes, please name the firm(s) and country(ies) below and, if U.S. producer(s), ensure that they complete the Commission’s U.S. producers’ questionnaire.
<input type="checkbox"/>	<input type="checkbox"/>	

I-7. **Related U.S. importers.** Does your firm or any related firm import or have any plans to import **#abbrproduct** into the United States?

No	Yes	If yes, please name the firm(s) below and ensure that they complete the Commission’s importer questionnaire.
<input type="checkbox"/>	<input type="checkbox"/>	

PART II. TRADE AND RELATED INFORMATION

Further information on this part of the questionnaire can be obtained from **INVESTIGATOR** (202-xxx-xxxx, **NAME@usitc.gov**). **Supply all data requested on a calendar-year basis.**

II-1. **Contact information.** Please identify the responsible individual and the manner by which Commission staff may contact that individual regarding the information submitted in Part II.

Name	
Title	
Email	
Telephone	

II-2a. **Changes in operations.** Please indicate whether your firm has experienced any of the following changes in relation to the production of **#abbrproduct** since January 1, **#bopyear**.

<i>Check as many as appropriate.</i>		<i>If checked, please describe the nature, timing / duration, and impact on operations of any such reported changes as well as the business reasons for them; leave completely blank if not applicable</i>
<input type="checkbox"/>	Plant openings	
<input type="checkbox"/>	Plant closings	
<input type="checkbox"/>	Prolonged shutdowns	
<input type="checkbox"/>	Production curtailments	
<input type="checkbox"/>	Relocations	
<input type="checkbox"/>	Expansions	
<input type="checkbox"/>	Acquisitions	
<input type="checkbox"/>	Consolidations	
<input type="checkbox"/>	Weather-related or force majeure events	
<input type="checkbox"/>	Other (e.g., revised labor agreements, technology)	

II-2c **Anticipated changes in operations.** Does your firm anticipate any changes in the character of its operations or organization relating to the production of **#abbrproduct** in the future?

No	Yes	If yes, supply details as to the likely timing, nature, and significance of such anticipated changes and describe the underlying assumptions and business reasons for them.
<input type="checkbox"/>	<input type="checkbox"/>	

[DRAFTING NOTE: all subsequent (second and beyond) full reviews collect data for only THREE years plus any relevant interim period.]

II-3a. **Production using same machinery.** Please report your firm's production of products using the same equipment, machinery, or employees as used to produce **#abbrproduct**, and the combined capacity (both installed and practical capacity) on this shared equipment, machinery, or employees in the periods indicated.

"Installed overall capacity" —The level of production that your establishment(s) could have attained, assuming your firm's *optimal* product mix, and based solely on *existing capital investments*, i.e., machinery and equipment that is in place and ready to operate. This capacity measure does not take into account other constraints to production such as existing workforce constraints, availability of raw materials, or downtime for maintenance, repair, and clean-up. This capacity measure is sometimes referred to as "nameplate" or "theoretical" capacity.

"Practical overall capacity" —The level of production that your establishment(s) could reasonably have expected to attain, taking into account your firm's *actual* product mix over the period. This capacity measure is based on not only existing capital investments, i.e., machinery and equipment that is in place and ready to operate; but also non-capital investment constraints, such as (1) normal operating conditions, including normal downtime for maintenance, repair, and cleanup; (2) your firm's existing in place and readily available labor force; (3) availability of material inputs; and (4) any other constraints that may have limited your firm's ability to produce the reported products. Importantly, this capacity measure is the maximum "practical" production your firm could have achieved without hiring new personnel or expanding the number of shifts operated in the period.

"Practical #abbrproduct capacity" —The level of production of **#abbrproduct** that your establishment(s) could reasonably have expected to attain. The same assumptions apply to this capacity measure as for practical overall capacity, but only includes the portion of practical overall capacity allocated to the production of **#abbrproduct** based on the actual product mix experienced over the period.

Takes into account	Installed overall capacity	Practical overall capacity	Practical #abbrproduct capacity
Existing capital investments	Yes	Yes	Yes
Product mix	Yes	Yes	Yes
Normal downtime, maintenance, repair and clean-up	No	Yes	Yes
Existing labor force	No	Yes	Yes
Availability of material inputs	No	Yes	Yes
Actual number of shifts and hours operated	No	Yes	Yes
Limited to #abbrproduct	No	No	Yes

"Production" —All production in your establishment(s) in **#ctrysubs**, including production consumed internally within your firm.

II-3a. **Production using same machinery. Continued**

Item	Quantity (in #units)						January- #intmonth	
	Calendar year						#intyr1	#intyr2
	#year1	#year2	#year3	#year4	#year5	#year6		
Capacity measures:								
Installed overall capacity¹								
Practical overall capacity^{1 2}								
Practical #abbrproduct capacity^{3 4}	0	0	0	0	0	0	0	0
Production of:								
#abbrproduct⁴	0	0	0	0	0	0	0	0
Other out-of-scope products:								
Specific product 1								
Specific product 2								
Other products ⁵								
Subtotal, all out-of-scope products	0	0	0	0	0	0	0	0
Total production using same machinery or workers	0	0	0	0	0	0	0	0

¹ Data reported for both "installed overall" and "practical overall" capacity should each individually be greater than data reported for total production (last line). Additionally, data reported for "installed overall" capacity should be greater than "practical overall" capacity in every period.

² Please provide details in your response to the question on capacity constraints in question II-3d below that explain the differences reported between "installed" overall capacity and "practical" overall capacity.

³ Data reported for practical #abbrproduct capacity should be greater than the data reported for production of #abbrproduct in each period, if not revise prior to submission to the Commission. Additionally, if your firm reports the production of no other products on the same machinery and using the same workers as #abbrproduct then "practical overall" and "practical #abbrproduct" capacity measures should be equal to each other.

⁴ Data entered for this indicator in question II-13 will populate here once reported.

⁵ Please identify these products: _____.

II-3b. **Operating parameters.** The *practical* overall capacity reported in II-3a is based on the following operating parameters:

Hours per week	Weeks per year

II-3c. **Capacity calculations.** Please describe the methodology used to calculate *installed* and *practical* overall production capacities reported in II-3a, and explain any changes in reported capacities.

II-3d. **Practical overall production constraints.** Please describe the constraint(s) that set the limit(s) on your firm's practical overall capacity over the period reported in question II-3a. If different constraints were binding over different periods reported, please specify when each constraint was limiting your reported practical overall capacity. If a constraint was not actually binding over the period reported, but was still a constraint to achieving the installed capacity level, indicate at what level it would have been binding.

Constraint <i>(check as many as appropriate)</i>	Description <i>(If checked, please describe the details, timing, and duration of the constraint; leave completely blank if not applicable)</i>
<input type="checkbox"/> Production bottlenecks	
<input type="checkbox"/> Existing labor force	
<input type="checkbox"/> Supply of material inputs	
<input type="checkbox"/> Fuel or energy	
<input type="checkbox"/> Storage capacity	
<input type="checkbox"/> Logistics/transportation	
<input type="checkbox"/> Other constraints (list the specific constraints in the description field)	

II-3e. **Reaching installed overall capacity.** Please describe and quantify the amount of time it would take and the additional actions that would be needed (e.g., hiring new workers, expanding shifts, procuring larger sources of raw material supply, etc.) for your firm to be able to fully utilize the installed overall capacity reported in II-3a.

II-3f. **Excess installed overall capacity.** To the extent that your company is reporting excess installed overall capacity, please report, with specificity: (1) which machines or equipment (or other elements of production) would need to be brought back into production for your plant to operate at full capacity, and (2) the specific dates on which such machines or equipment were last used by your plant to produce **#abbrproduct**.

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II-4. **Product shifting.**

(a) Is your firm able to switch production (capacity) between **#abbrproduct** and other products using the same equipment and/or labor?

No	Yes	If yes (i.e., have produced other products or are able to produce other products), please identify other actual or potential products.
<input type="checkbox"/>	<input type="checkbox"/>	

(b) Please describe the factors that affect your firm's ability to shift capacity between products (e.g., time, cost, relative price change, etc.), and the degree to which these factors enhance or constrain such shifts.

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II-5. **Capacity checklist.** Please check that the capacity numbers reported in question II-3a follow the Commission's relevant definitions for capacity.

Item	√ if Yes
Are all three capacity measures reported based on <u>currently installed machinery and equipment</u> (i.e., the reported capacity level would not require additional capital investments in order to achieve)?	<input type="checkbox"/>
Are practical overall capacity and practical #abbrproduct capacity measures reported based on <u>existing labor force</u> (i.e., the reported capacity level would not require hiring additional production related workers or adding shifts)?	<input type="checkbox"/>
Are practical overall capacity and practical #abbrproduct capacity measures based on <u>the actual availability of material inputs</u> ?	<input type="checkbox"/>
Do both practical overall capacity and practical #abbrproduct capacity measures account for <u>normal downtime, maintenance, repair and clean-up</u> activities?	<input type="checkbox"/>
Does the difference between practical overall capacity and practical #abbrproduct capacity equal the portion of practical overall capacity that is dedicated to the production of out-of-scope products?	<input type="checkbox"/>

Note: If your firm is not able to answer "yes" to any of the above criteria as it relates to your firm's reported capacity levels, please revise your capacity numbers to be in conformance with the appropriate definition prior to submission to the Commission.

- II-6. **Share of sales.** What percentage of your firm's total sales in its most recent fiscal year was represented by sales of **#abbrproduct**? _____ percent.

- II-7. **Firm's estimated share of production in #ctrysubs.** Please estimate the percentage of total production of **#abbrproduct** in the country specified on the certification page accounted for by your firm's production in **#termyear**. _____ percent.

- II-8. **Firm's estimated share of exports from #ctrysubs.** Please estimate the percentage of total exports to the United States of **#abbrproduct** from the country specified on the certification page accounted for by your firm's exports in **#termyear**. _____ percent.

- II-9. **Third country trade actions.** Is the **#abbrproduct** exported by your firm subject to antidumping/countervailing duty/safeguard findings, remedies, or proceedings?

No	Yes	If yes, list the products(s), countries affected, and the date of such findings/remedies/proceedings
<input type="checkbox"/>	<input type="checkbox"/>	

- II-10. **Other export markets.** Identify export markets (other than the United States) that your firm has developed or where it has increased its sales of **#abbrproduct** since **#bopyear**. Please identify and discuss below.

II-11. **Significance of countervailing duty/antidumping duty order(s).** Describe the significance of the existing **countervailing duty/antidumping duty order(s)** covering imports of **#abbrproduct** from **#ctrysubs** in terms of its effect on your firm's capacity, production, home market shipments, exports to the United States and other markets, and inventories. You may wish to compare your firm's operations before and after the imposition of the order(s).

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II-12. **Likely impact of revocation.** Would your firm anticipate any changes in in the character of its operations or organization, including its capacity, production, U.S. shipments, inventories, purchases, employment, revenues, costs, profits, cash flow, capital expenditures, research and development expenditures, or asset values relating to the production of **#abbrproduct** in the future if the **countervailing duty/antidumping duty order(s)** on **#abbrproduct** from **#ctrysubs** were to be revoked?

		<p>If yes, supply details as to the likely timing, nature, and significance of such anticipated changes and describe the underlying assumptions and business reasons for them.</p> <p>Include in your response a specific projection of your firm's capacity to produce #abbrproduct (in #units) for 20XX and 20XX.</p>
No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	

- II-13. **Trade data.** Report your firm's capacity, production, shipments, and inventories related to the production of **#abbrproduct** in your establishment(s) in **#ctrysubs** during the specified periods. Do not include resales of **#abbrproduct** that your firm did not produce in this question; those data to the degree they are exported to the United States should only be reported in question II-13.

Do not submit data by manufacturing facility if they are in the same country. If your firm has multiple manufacturing establishments within one country, you are required to combine data for those establishments within one foreign producer questionnaire response.

Do not submit data on multiple countries combined. The establishments reported here should all be located in the country of the firm's address reported on the certification page. Multinational companies with production in multiple subject countries should submit separate foreign producer questionnaire responses for each subject country.

"Production" —All production in your establishment(s) in **#ctrysubs**, including production consumed internally within your firm.

"Shipments" —Shipments of products produced in your establishment(s) in **#ctrysubs**. Quantities reported should be net of returns. Report net values (i.e., gross sales values less all discounts, allowances, rebates, prepaid freight, and the value of returned goods) in U.S. dollars, f.o.b. your point of shipment in **#ctrysubs**.

"Home market commercial shipments" —Shipments, other than internal consumption and transfers to related firms, within **#ctrysubs**.

"Home market internal consumption/transfers to related firms" —Shipments made to related firms in **#ctrysubs**, including product consumed internally by your firm.

"Export shipments" —Shipments to destinations outside **#ctrysubs**, including shipments to related firms.

"Inventories" —Finished goods inventory, not raw materials or work-in-progress.

Note: As requested in Part I of this questionnaire, please keep all supporting documents/records used in the preparation of the trade data, as Commission staff may contact your firm regarding questions on the trade data. The Commission may also request that your company submit copies of the supporting documents/records (such as production and sales schedules, inventory records, etc.) used to compile these data.

II-13. **Trade data.** *Continued.*

Quantity (in #units) and Value (in 1,000 dollars)								
Item	Calendar year						January-#intmonth	
	#year1	#year2	#year3	#year4	#year5	#year6	#intyr1	#intyr2
Practical #abbrproduct capacity¹ (quantity) (A)								
Beginning-of-period inventories (B)								
Production (quantity) (C)								
Home market shipments: Internal consumption/ transfers: <i>Quantity (D)</i>								
<i>Value (E)</i>								
Commercial shipments: <i>Quantity (F)</i>								
<i>Value (G)</i>								
Export shipments: to the United States: <i>Quantity (H)</i>								
<i>Value (I)</i>								
to the EU (excl. UK): ² <i>Quantity (J)</i>								
<i>Value (K)</i>								
to Asia: ³ <i>Quantity (L)</i>								
<i>Value (M)</i>								
to all other markets: ⁴ <i>Quantity (N)</i>								
<i>Value (O)</i>								
Total exports: (quantity) (P)	0	0	0	0	0	0	0	0
Total shipments: (quantity) (Q)	0	0	0	0	0	0	0	0
End-of-period inventories: (R)								

¹ Report your firm's practical #abbrproduct capacity and production consistent with the definitions and instructions included in question II-3a.

² Identify your firm's principal *European Union* export markets: _____.

³ Identify your firm's principal *Asian* export markets: _____.

⁴ Identify your firm's principal *other* export markets: _____.

II-13. **Trade data.** *Continued.*

RECONCILIATION OF SHIPMENTS, PRODUCTION, AND INVENTORY. Generally, the data reported for the end-of-period inventories (i.e., line R) should be equal to the beginning-of-period inventories (i.e., line B), plus production (i.e., line C), less total shipments (i.e., lines D, F, H, J, L, and N). Please ensure that any differences are not due to data entry errors in completing this form, but rather actually reflect your firm's records; and also provide any likely explanations for any differences (e.g., theft, loss, damage, record systems issues, etc.) if they exist.

Item	Calendar year						January-#intmonth	
	#year1	#year2	#year3	#year4	#year5	#year6	#intyr1	#intyr2
B + C – D – F – H – J – L – N – R= should equal zero ("0") or provide an explanation. ¹	0	0	0	0	0	0	0	0
¹ Explanation if the calculated fields above are returning values other than zero (i.e., "0") but are nonetheless accurate: _____.								

II-14. **Exports not produced by your firm.** Report your firm's exports of **#abbrproduct** that were produced in **#ctrysubs** but not by your firm during the specified periods. Note these data should **not** be included in question II-13.

Quantity (in #units) and Value (in 1,000 dollars)								
Item	Calendar year						January-#intmonth	
	#year1	#year2	#year3	#year4	#year5	#year6	#intyr1	#intyr2
Exports of #abbrproduct not produced by your firm¹:								
to the United States:								
Quantity								
Value								
to the EU (excl. UK) ² :								
Quantity (J)								
Value (K)								
to Asia ³ :								
Quantity (L)								
Value (M)								
to all other markets ⁴ :								
Quantity (N)								
Value (O)								
¹ List the producer(s). _____. ² Identify your firm's principal <i>European Union</i> export markets: _____. ³ Identify your firm's principal <i>Asian</i> export markets: _____. ⁴ Identify your firm's principal <i>other</i> export markets: _____.								

- II-15. **Other explanations.** If your firm would like to further explain a response to a question in Part II for which a narrative box was not provided, please note the question number and the explanation in the space provided below. Please also use this space to highlight any issues your firm had in providing the data in this section.

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PART III. MARKET FACTORS

Further information on this part of the questionnaire can be obtained from **Economist (202-xxx-xxxx, NAME@usitc.gov)**.

III-1. **Contact information.** Please identify the responsible individual and how Commission staff may contact the individual regarding the information submitted in Part III.

Name	
Title	
Email	
Telephone	

III-2. **Contract versus spot.** Approximately what share of your firm's sales of **#abbrproduct** in **#termyear** were on the basis of (1) short-term contracts, (2) annual contracts, (3) long-term contracts, and (4) spot sales?

	Type of sale				Total (should sum to 100.0%)
	Short-term contracts (multiple deliveries for less than 12 months)	Annual contracts (multiple deliveries for 12 months)	Long-term contracts (multiple deliveries for more than 12 months)	Spot sales (for a single delivery)	
Share of your #termyear sales	%	%	%	%	0.0 %

III-3. **Changes in factors affecting supply.** Have changes in any factors affecting supply (e.g., changes in availability or prices of energy or labor; transportation conditions; capacity and/or methods of production; technology; export markets; or alternative production opportunities) affected the availability of **#abbrproduct** produced in the country specified on the certification page for export to the U.S. market, other export markets, or the home market, since January 1, **#bopyear**?

No	Yes	If yes, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	

III-4. **Future import supply.** Do you anticipate any changes in terms of the availability of **#abbrproduct** produced in the country specified on the certification page for export to the U.S. market in the future?

Increase	No change	Decrease	If you anticipate changes in supply, please identify the changes, including the timing and impact of such changes on shipment volumes and prices of exports to the United States.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

III-5. **Product shifting.** Describe how easily your firm can shift its sales of **#abbrproduct** between the U.S. market and alternative third country markets. In your discussion, please describe any contracts, other sales arrangements, or other constraints (including any third-country trade barriers such as tariffs, quotas, or other non-tariff barriers) that would prevent or impede your firm from shifting exports of **#abbrproduct** between the U.S. and alternative country markets within a 12-month period.

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III-6. **Product range.** Is the product range, product mix, or marketing of **#abbrproduct** in your home market different from that for your exports of **#abbrproduct** to the United States or to third-country markets?

No	Yes	If yes, please explain.
<input type="checkbox"/>	<input type="checkbox"/>	

III-7. **Product changes.** Have there been any significant changes in the product range, product mix, or marketing of **#abbrproduct** in your firm's home market, for export to the United States, or for export to third-country markets since January 1, **#bopyear** or do you anticipate any future changes?

No	Yes	If yes, please describe the changes, including the market(s) affected and when these changes occurred or are expected to occur.
<input type="checkbox"/>	<input type="checkbox"/>	

III-8. **Substitutes.** Have there been any changes in the number or types of products that can be substituted for **#abbrproduct** since January 1, **#bopyear** or do you anticipate any future changes?

No	Yes	If yes, explain the changes, noting when these changes occurred or are expected to occur.
<input type="checkbox"/>	<input type="checkbox"/>	

III-9. **Interchangeability.** Is the **#abbrproduct** produced by your firm and sold in its home market interchangeable (i.e., can be used in the same applications) with your firm's **#abbrproduct** exported to the United States and/or to third-country markets?

Yes	No	If no, identify the market(s) and any differences in the products.
<input type="checkbox"/>	<input type="checkbox"/>	

III-10. **End uses.**

- (a) Do the end uses of the **#abbrproduct** that your firm manufactures and sells to your home market differ from those of the **#abbrproduct** your firm exports to the U.S. market or to third-country markets?

No	Yes	If yes, please explain the differences.
<input type="checkbox"/>	<input type="checkbox"/>	

- (b) Have there been any changes in the end uses of **#abbrproduct** since January 1, **#bopyear** or do you anticipate any future changes?

No	Yes	If yes, explain the changes, noting when these changes occurred or are expected to occur.
<input type="checkbox"/>	<input type="checkbox"/>	

- III-11. **Demand trends.** Has demand in the following markets for **#abbrproduct** steadily increased, fluctuated but ended higher, not changed, fluctuated but ended lower, or steadily decreased since January 1, **#bopyear**, and how do you anticipate demand will change in the future? Explain any trends and describe the principal factors that have affected, and that you anticipate will affect, these changes in demand.

Market	Steadily increase	Fluctuate up	No change	Fluctuate down	Steadily decrease	Explanation and factors
Demand since January 1, #bopyear						
Home market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other markets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anticipated future demand						
Home market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other markets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

III-12. **Price comparisons.** Please compare market prices of #abbrproduct in your firm's home market, the United States, and third-country markets. Provide information as to time periods and regions for any price comparisons and note the sources for your market knowledge.

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III-13. **Description of home market.** Describe briefly your firm's home market for #abbrproduct, including the number of suppliers serving the market and the degree of competition between them.

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III-14. **Import competition.** Does your firm face competition from imports of #abbrproduct in your firm's home market?

No	Yes	If yes, please identify the country sources of these imports.
<input type="checkbox"/>	<input type="checkbox"/>	

III-15. **Role of section 301 tariffs.** Did the tariffs on Chinese-origin products under section 301, or changes in these tariffs, have an impact on your firm's exports of #abbrproduct to the United States?

No	Yes	If yes, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	

III-16. **Role of section 232 tariffs.** Did the measures (e.g., tariffs, quotas, etc.) on imported steel/aluminum products under section 232, or changes in the measures (such as the level, coverage, or nature of the measures), have an impact on your firm's exports of #abbrproduct to the United States?

No	Yes	If yes, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	

III-17. **Role of new or modified tariffs.** Have tariff announcements and tariff changes associated with U.S. Presidential actions since January 1, 2025 (e.g., broad changes tariff coverage/levels, and related litigation/court decisions) impacted the #abbrproduct market in the United States, including any effects on demand and prices?

No	Yes	If yes, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	

III-18. **Other explanations.** If your firm would like to further explain a response to a question in Part III for which a narrative box was not provided, please note the question number and the explanation in the space provided below. Please also use this space to highlight any issues your firm had in providing the data in this section.

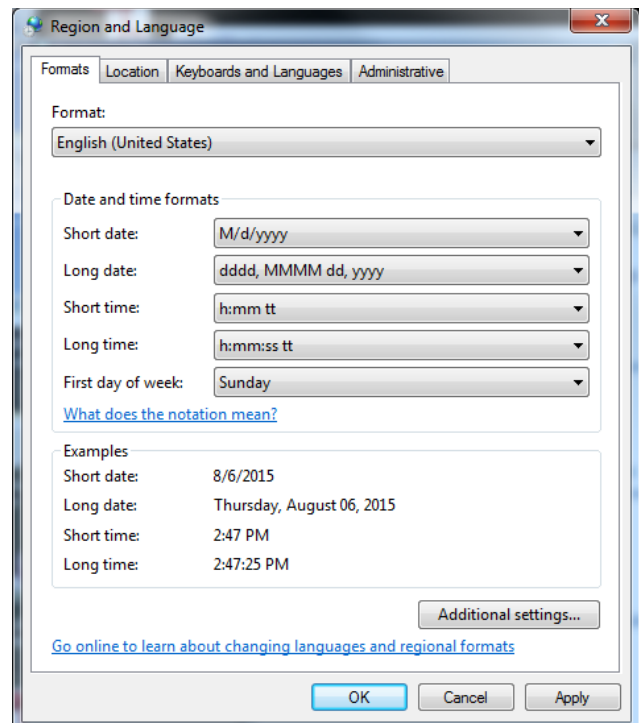
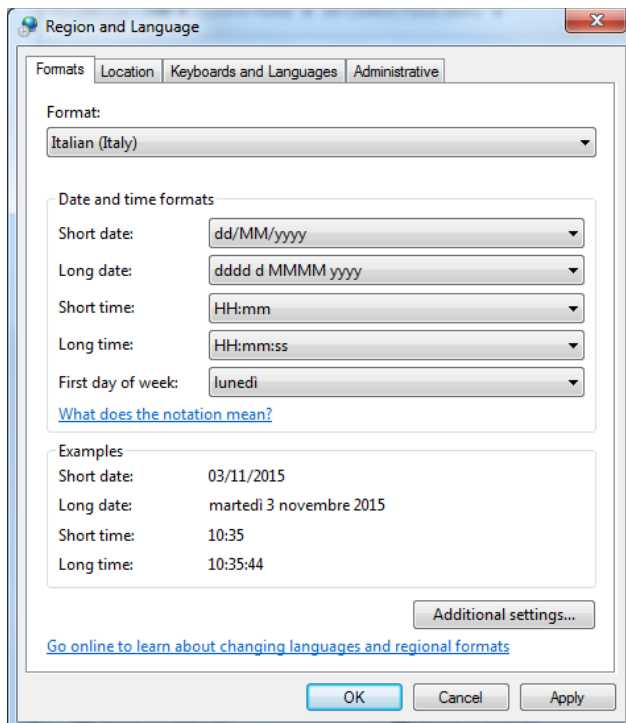
Correcting Valid number error messages. If you are completing this questionnaire in a country that uses periods (“.”) to delineate multiples of 1000 (e.g., one million would appear as \$1.000.000 instead of as \$1,000,000), you may be unable to enter in numbers greater than 999 in numeric form fields. This issues stem from your computer number formatting setting (e.g., not the MS Word document itself, but the computer from which you are opening up the document). In the United States commas (,) delineate multiples of 1000 and periods (.) delineate fractions less than one. Many EU countries use the reverse where multiples of 1000 are delineated with periods (.) and fractions less than one are delineated with commas (,). This questionnaire is prepared in the United States with the U.S. number formatting. When this formatting interacts with a computer set to EU number formatting, we believe this may cause this issue.

The solution to this data entry issue is to temporarily change your operating system’s number formatting to be consistent with the U.S. number formatting system while you complete the questionnaire.

To temporarily change your computer’s number settings to U.S. settings, please do the following (for Microsoft Windows Operating system):

- START
- Control Panel
- Region and Language (under Clock, Language, and Region category)
- Format tab
- Change the Format from your existing one (e.g. “Italian (Italy)”) to “English (United States)” (see screen shots below)

When you do this the number “twelve million dollars and thirty-five cents” would change from \$12.000.000,35 (Italy format) to \$12,000,000.35 (U.S. format), and then there will be no conflict with the USITC foreign producer questionnaire form. When you finish reporting the data then you can close the questionnaire and switch back to your country settings.



HOW TO FILE YOUR QUESTIONNAIRE RESPONSE

This questionnaire is available as a “fillable” form in MS Word format on the Commission’s website at:

https://usitc.gov/reports/active_import_injury_questionnaires.

Please do not attempt to modify the format or permissions of the questionnaire document. Please submit the completed questionnaire using one of the methods noted below. If your firm is unable to complete the MS Word questionnaire or cannot use one of the electronic methods of submission, please contact the Commission for further instructions.

- **Upload via Commission’s secure submission portal.** The questionnaire must be uploaded in two formats: (1) a Microsoft Word document with a typed signature (must type as follows: “/s/ full name”); and (2) a PDF copy of the complete questionnaire with the typed signature on the first page. Please include any attachments at the end of the PDF (e.g., APO certification, additional comments, etc.).

Web address: <https://usitc.gov/qportal> **Pin:** XXXX **Phase:** XXXX

- **E-mail.** *E-mail the MS Word questionnaire with a typed signature on the first page to xxx@usitc.gov; include a PDF copy of the complete questionnaire with a typed signature on the first page. Submitters are strongly encouraged to encrypt nonpublic documents that are electronically transmitted to the Commission to protect your sensitive information from unauthorized disclosure. The USITC secure submission portal and the Electronic Document Information System (EDIS) use Federal Information Processing Standards (FIPS) 140-2 cryptographic algorithms to encrypt data in transit. Submitting your nonpublic documents by a means that does not use these encryption algorithms (such as by email) may subject your firm’s nonpublic information to unauthorized disclosure during transmission. If you choose a non-encrypted method of electronic transmission, the Commission warns you that the risk of such possible unauthorized disclosure is assumed by you and not by the Commission.*

If your firm did not produce or export this product, please fill out page 1, type in your signature (must type as follows “/s/ full name”), and submit a PDF copy, with the typed signature, via the Commission’s secure submission portal or email.

Parties to this proceeding. If your firm is a party to this proceeding, it is required to serve a copy of the completed questionnaire on parties to the proceeding that are subject to administrative protective order (see 19 CFR § 207.7). A list of such parties may be obtained from the Commission’s Secretary (202-205-1802). A certificate of service must accompany the completed questionnaire you submit (see 19 CFR § 207.7). Service of the questionnaire must be made in paper form.