

## U.S. IMPORTERS' 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 **countervailing duty/antidumping** investigation(s) concerning **#abbrproduct** from **#ctrysubs** (inv. Nos. **701/731-TA-xxx (Preliminary/Final)**). The information requested in the questionnaire is requested under the authority of the Tariff Act of 1930, title VII. This report is mandatory and failure to reply as directed can result in a subpoena or other order to compel the submission of records or information in your firm's possession (19 U.S.C. § 1333(a)).

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 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Website \_\_\_\_\_

Has your firm imported **#abbrproduct** (as defined on next page) from any country 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)

Return questionnaire via the Commission's 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.** This proceeding was instituted in response to a petition filed on **DATE**, by **COMPANY NAME, CITY, STATE**. **Countervailing/antidumping** duties may be assessed on the subject imports as a result of these proceedings if the Commission makes an affirmative determination of injury, threat, or material retardation, and if the U.S. Department of Commerce ("Commerce") makes an affirmative determination of **subsidization/dumping**. Pertinent information to this proceeding is available at:

Questionnaires: [https://usitc.gov/reports/active\\_import\\_injury\\_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 LANGAUGE**

**#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.

**Importer.** Any person or firm engaged, either directly or through a parent company or subsidiary, in importing **#abbrproduct** (as defined above) into the United States from a foreign manufacturer or through its selling agent.

**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, and/or purchaser 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](mailto:NAME@usitc.gov)).

**D-GRIDS tool.** The Commission has a tool that firms can use to move data from their own MS Excel compilation files into self-contained data tables within this MS Word questionnaire, thereby reducing the amount of cell-by-cell data entry that would be required to complete this form. This tool is a macro-enabled MS Excel file available for download from the Commission's generic questionnaires webpage ([https://www.usitc.gov/trade\\_remedy/question.htm](https://www.usitc.gov/trade_remedy/question.htm)) called the "D-GRIDs tool." Use of this tool to help your firm complete this questionnaire is *optional*. Firms opting to use the D-GRIDs tool to populate their data into this questionnaire will need the D-GRIDs specification sheet PDF file specific to this proceeding (available on the case page which is linked under the "Background" above) which includes the necessary references relating to this questionnaire, as well as the macro-enable MS Excel D-GRIDs tool itself from the generic questionnaires page. More detailed instructions on how to use the D-GRIDs tool are available within the D-GRIDs tool itself.

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 40 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](mailto: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 <b>do not</b> contain business proprietary information in the following specific questions (e.g., question II-2):
Part I:	
Part II:	
Part III:	

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

**"Establishment"** —Each facility of a firm involved in the importation of #abbrproduct, including auxiliary facilities operated in conjunction with (whether or not physically separate from) such facilities.

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I-2b. **Stock symbol information.** If your firm or parent firm is publicly traded, please specify the stock exchange and trading symbol: \_\_\_\_\_.

I-2c. **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-3. **Ownership.** Is your firm owned, in whole or in part, by any other firm?

No             Yes: List the following information, relating to the ultimate parent/owner.

Firm name	Country	Extent of ownership (percent)

**“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-4. **Related importers/exporters.** Does your firm have any related firms, either domestic or foreign, that are engaged in importing **#abbrproduct** from **#ctrysubs** into the United States or that are engaged in exporting **#abbrproduct** from **#ctrysubs** to the United States?

No             Yes--List the following information.

Firm name	Country	Affiliation

I-5. **Related producers.** Does your firm have any related firms, either domestic or foreign, that are engaged in the production of **#abbrproduct**?

No             Yes: List the following information.

Firm name	Country	Affiliation

I-6. **Importing operations.** Please indicate the nature of your firm’s importing operations on **#abbrproduct**. The importer of record is expected to complete this questionnaire; however, more than one answer may be applicable.

Importer of record	Takes title to the imported product(s)	Consignee of the imported products(s)	Customs broker or freight forwarder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I-7. **Consignee.** If your firm is an importer of record of #abbrproduct but is not the consignee, please list the consignees below (firm name, address, telephone number, and individual to contact).

<b>Firm name</b>	<b>Address</b>	<b>Contact person and phone number</b>

I-8a. **FTZ, bonded warehouses, and TIB.** Please indicate whether your firm admits #abbrproduct into, or withdraws such merchandise from, foreign trade zones or bonded warehouses.

**“Foreign trade zone”** is a designated location in the United States where firms utilize special procedures that allow delayed or reduced customs duty payments on foreign merchandise, as well as other savings. A foreign trade zone must be designated as such pursuant to the rules and procedures set forth in the Foreign-Trade Zones Act.

**“Bonded warehouse”** is a secured facility supervised by U.S. customs, where dutiable landed imports are stored pending their re-export, or release after payment of import duties, taxes, and other charges. A bonded warehouse must be designated as such pursuant to the rules and procedures set forth in 19 U.S.C. § 1555.

**“Temporary Importation under Bond (“TIB”) program”** is a procedure whereby, imported merchandise may be entered under certain conditions for a limited time into the United States free of duty. Under the program, an importer posts a bond for twice the amount of duty, taxes, etc. that would otherwise be owed on the importation and agrees to export or destroy the merchandise within a specified time or pay liquidated damages. This program is restricted to certain categories of merchandise listed in subheadings 9813.00.05 through 9813.00.75 of the Harmonized Tariff Schedule (HTS).

<b>Item</b>	<b>No</b>	<b>Yes</b>	<b>Instruction</b>
Foreign trade zones	<input type="checkbox"/>	<input type="checkbox"/>	If yes to either FTZ or bonded warehouse, please provide data in question I-8b
Bonded warehouses	<input type="checkbox"/>	<input type="checkbox"/>	
Temporary importation under bond	<input type="checkbox"/>	<input type="checkbox"/>	If yes to TIB, please provide data in question I-8c

I-8b. **Pre-Customs clearance FTZ and bonded warehousing operations.** Please provide information on your firm's FTZ or bonded warehouse operations relating to **#abbrproduct** that are classified as foreign status merchandise in the specified periods.

<b>Quantity (in #units)</b>	
<b>Item</b>	<b>Calendar year #termyear</b>
Admissions into FTZ(s) or bonded warehouse	
Withdrawals into U.S. consumption <sup>1</sup>	
Export shipments <sup>2</sup>	
End-of-period inventories in FTZ(s) or bonded warehouse	
<sup>1</sup> Please confirm that these withdrawals are included as U.S. imports in Part II of this questionnaire: Yes <input type="checkbox"/> No <input type="checkbox"/> , if "no" please revise prior to submission to the Commission to include withdrawals from your firm's FTZs or bonded warehouses as "U.S. imports" in part II of this questionnaire (and change this checkbox back to Yes). <sup>2</sup> Only include here exports that were not first cleared through U.S. Customs. If admissions were exported from your FTZ or bonded warehouse, but first had to be cleared through U.S. Customs prior to exportation, those data should be reported in part II of this questionnaire. Please confirm you are only including here exports from FTZs and bonded warehouses that never were cleared through Customs: <input type="checkbox"/> Yes <input type="checkbox"/> No, if "no" please revise prior to submission to the Commission (and change this checkbox back to Yes).	

I-8c. **TIB.** Please provide information on your firm's TIB imports.

<b>Quantity (in #units)</b>	
<b>Item</b>	<b>Calendar year #termyear</b>
TIB import entries under HTS number 9813.00.0520	
All other TIB import entries <sup>2</sup>	
<sup>1</sup> Count and report these TIB entries under HTS number 9813.00.0520 within the data on imports in Part II as these entries are included in official U.S. imports statistics of the United States by the U.S. Department of Commerce, Census Bureau. <sup>2</sup> Only report these TIB entries here and do not also include these other TIB entries in part II as these are excluded from official U.S. imports statistics of the United States by the U.S. Department of Commerce, Census Bureau.	

I-9. **Other trade actions.** To your knowledge, have the products subject to this proceeding been the subject of any other import relief proceedings in the United States or in any other countries?

<b>No</b>	<b>Yes</b>	<b>If yes, please specify.</b>
<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-2. **Changes in operations.** Has your firm experienced any changes in ownership or in the nature of its importing operations for **#abbrproduct** since January 1, **#bopyear**?

		<b>If yes, supply details as to the time, nature, and significance of such changes and describe reasons for the changes, including any underlying assumptions used.</b>
<b>No</b>	<b>Yes</b>	
<input type="checkbox"/>	<input type="checkbox"/>	

II-3a. **Arranged imports.** Has your firm imported or arranged for the importation of **#abbrproduct** for delivery after **DATE**?

**“Arranged imports”** are imports for which your firm has placed an order with a foreign supplier for subject merchandise, but delivery of those imports is not scheduled to occur until after the date listed above.

<b>No</b>	<b>Yes</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>If yes, fill out the table below.</b>

Source	Period			
	<b>Jan-Mar 2025</b>	<b>Apr-Jun 2025</b>	<b>Jul-Sept 2025</b>	<b>Oct-Dec 2025</b>
	<b>Quantity (in #units)</b>			
<b>#ctrysubA</b>				
<b>#ctrysubB</b>				
<b>#ctrysubC</b>				
All other sources				

II-3b. **Imports in the 12-month period preceding the petition.** Has your firm imported **#abbrproduct** from any source between **Month date, 2024 and Month Date, 2025?** (i.e., the last **XX** months in **2024** and first **XX** months in **2025** combined)

<b>No</b>	<b>Yes</b>	<b>If yes, report the quantity of such import below by source.</b>
<input type="checkbox"/>	<input type="checkbox"/>	

<b>Quantity (in #units)</b>	
<b>Source</b>	<b>Month 2024 through Month 2025</b>
<b>#ctrysubA</b>	
<b>#ctrysubB</b>	
All other sources	

II-4. **Reasons for importing if producer.** If your firm also produces **#abbrproduct** in the United States, please indicate the reasons for importing this product. If your firm's reasons differ by source, please elaborate.

**Definitions**

**"Imports"** —Those products identified for Customs purposes as imports for consumption for which your firm was the importer of record (i.e., was responsible for paying any import duty).

**"Import quantities"** —Quantities reported should be net of returns.

**"Import values"** —Values reported should be landed, duty-paid values at the U.S. port of entry, including ocean freight and insurance costs, brokerage charges, and import duties (i.e., all charges except inland freight in the United States).

**"Commercial U.S. shipments"** —Shipments made within the United States as a result of an arm's length commercial transaction in the ordinary course of business. 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.

**"Internal consumption"** —Product consumed internally by your firm. Such transactions are valued at fair market value.

**"Transfers to related firms"** —Shipments made to related firms. Such transactions are valued at fair market value.

**"Export shipments"** —Shipments to destinations outside the United States, 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-5a. **U.S. imports from #ctrysubA.** Report your firm's imports and your firm's shipments and inventories of #abbrproduct imported from #ctrysubA by your firm during the specified periods.

## #ctrysubA

Quantity (in #units), value (in \$1,000)					
Item	Calendar year			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
<b>Beginning-of-period inventories</b> (quantity) (A)					
<b>Imports:</b> <sup>1</sup>					
Quantity (B)					
Value (C)					
<b>U.S. shipments:</b>					
<b>Commercial shipments:</b>					
Quantity (D)					
Value (E)					
<b>Internal consumption:</b> <sup>2</sup>					
Quantity (F)					
Value <sup>2</sup> (G)					
<b>Transfers to related firms:</b> <sup>2</sup>					
Quantity (H)					
Value <sup>2</sup> (I)					
<b>Export shipments:</b> <sup>3</sup>					
Quantity (J)					
Value (K)					
<b>End-of-period inventories:</b> (quantity) (L)					

<sup>1</sup> Please identify the foreign producers, if known: \_\_\_\_\_.

<sup>2</sup> Internal consumption and transfers to related firms must be valued at fair market value. If your firm uses a different basis for valuing these transactions in your records, please specify that basis (e.g., cost, cost plus, etc.): \_\_\_\_\_. However, the data provided above in this table should be based on fair market value.

<sup>3</sup> Identify your firm's principal export markets: \_\_\_\_\_.

**II-5a. U.S. imports from #ctrysubA. Continued**

RECONCILIATION OF SHIPMENTS, IMPORTS, AND INVENTORIES. Generally, the data reported for the end-of-period inventories (i.e., line L) should be equal to the beginning-of-period inventories (i.e., line A), plus imports (i.e., line B), less total shipments (i.e., lines D, F, H, and J). 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.

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

**II-5b. Channels of distribution: #ctrysubA.** Report your firm's U.S. shipments (i.e., inclusive of commercial U.S. shipments, internal consumption, and transfers to related firms) of imports from #ctrysubA by channel of distribution during the specified periods.

**#ctrysubA**

Quantity (in #units)					
Item	Calendar year			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
<b>Channels of distribution:</b>					
<b>U.S. shipments:</b>					
To distributors (M)					
To end users (N)					

RECONCILIATION OF CHANNELS. Please ensure that the quantities reported for channels of distribution (i.e., lines M and N) in each time period equal the quantity reported for U.S. shipments (i.e., line D, F, H) in each time period. If the calculated fields below return values other than zero (i.e., "0"), the data reported must be revised prior to submission to the Commission.

Reconciliation item	Calendar year			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
M + N – D – F – H = zero ("0"), if not revise.	0	0	0	0	0

II-6a. **Imports from all other sources.** Report your firm's imports and your firm's shipments and inventories of **#abbrproduct** imported from **all other sources** by your firm during the specified periods.

## All other sources

**(list sources: \_\_\_\_\_)**

Quantity (in #units), value (in \$1,000)					
Item	Calendar year			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
<b>Beginning-of-period inventories</b> (quantity) (A)					
<b>Imports:<sup>1</sup></b>					
Quantity (B)					
Value (C)					
<b>U.S. shipments:</b>					
<b>Commercial shipments:</b>					
Quantity (D)					
Value (E)					
<b>Internal consumption:<sup>2</sup></b>					
Quantity (F)					
Value <sup>2</sup> (G)					
<b>Transfers to related firms:<sup>2</sup></b>					
Quantity (H)					
Value <sup>2</sup> (I)					
<b>Export shipments:<sup>3</sup></b>					
Quantity (J)					
Value (K)					
<b>End-of-period inventories:</b> (quantity) (L)					

<sup>1</sup> Please identify the foreign producers, if known: \_\_\_\_\_.

<sup>2</sup> Internal consumption and transfers to related firms must be valued at fair market value. If your firm uses a different basis for valuing these transactions in your records, please specify that basis (e.g., cost, cost plus, etc.): \_\_\_\_\_. However, the data provided above in this table should be based on fair market value.

<sup>3</sup> Identify your firm's principal export markets: \_\_\_\_\_.

**II-6a. Imports from all other sources. Continued**

RECONCILIATION OF SHIPMENTS, IMPORTS, AND INVENTORIES. Generally, the data reported for the end-of-period inventories (i.e., line L) should be equal to the beginning-of-period inventories (i.e., line A), plus imports (i.e., line B), less total shipments (i.e., lines D, F, H, and J). 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.

Reconciliation	Calendar year			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
A + B - D - F - H - J - L = should equal zero ("0") or provide an explanation. <sup>1</sup>	0	0	0	0	0
<sup>1</sup> Explanation if the calculated fields above are returning values other than zero (i.e., "0") but are nonetheless accurate: _____.					

**II-6b. Channels of distribution: All other sources.** Report your firm's U.S. shipments (i.e., inclusive of commercial U.S. shipments, internal consumption, and transfers to related firms) of imports from **all other sources** by channel of distribution during the specified periods.

## All other sources

Quantity (in #units)					
Item	Calendar year			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
<b>Channels of distribution:</b>					
<b>U.S. shipments:</b>					
To distributors (M)					
To end users (N)					

RECONCILIATION OF CHANNELS. Please ensure that the quantities reported for channels of distribution (i.e., lines M and N) in each time period equal the quantity reported for U.S. shipments (i.e., line D, F, H) in each time period. If the calculated fields below return values other than zero (i.e., "0"), the data reported must be revised prior to submission to the Commission.

Reconciliation item	Calendar year			January-#intmonth	
	#year1	#year2	#year3	#intyr1	#intyr2
M + N - D - F - H = zero ("0"), if not revise.	0	0	0	0	0

- II-7. **Transfers to related firms.** If your firm reported transfers to related firms in any of the data tables in Part II, please identify the firm(s) and indicate the nature of the relationship between your firm and the related firms (e.g., joint venture, wholly owned subsidiary) and whether the transfers were priced at market value or by a non-market formula.

- II-8. **Other explanations.** If your firm would like to further explain a response to a question in Part II for which a narrative response 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.

**PART III. PRICING AND 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 the manner by which Commission staff may contact that individual regarding the information submitted in Part III.

Name	
Title	
Email	
Telephone	

**COMMERCIAL SHIPMENTS PRICE DATA**

III-2. This question requests quarterly quantity and value data for your firm's commercial shipments to unrelated U.S. customers since January 1, #bopyear of the following products your firm imported from #ctrysubs:

**Product 1.** DEFINE

**Product 2.** DEFINE

**Product 3.** DEFINE

**Product 4.** DEFINE

**Note—Reported values should be f.o.b., U.S. point of shipment and not include U.S.-inland transportation costs. Values should reflect the *final net* amount paid to your firm (i.e., should be net of all deductions for discounts or rebates). Reported price data should exclude: (1) all export shipments, whether to related or unrelated firms; (2) any transfers to related firms in the United States; and (3) any internal usage/consumption by your firm in the United States.**

**Note—If your firm's product does not exactly meet the product specifications but is competitive with a specified pricing product above, provide a description of your firm's product and fill out the column for the pricing product that your product is most competitive with.**

III-2a. During January #bopyear-#intmonth #intyr2, did your firm import from #ctrysubs and sell to unrelated U.S. customers any of the above listed products (or any products that were competitive with these products)?

<input type="checkbox"/>	<b>Yes.</b> Please complete the following pricing data table(s) as appropriate.
<input type="checkbox"/>	<b>No.</b> Skip to question III-3.

III-2b. **Commercial shipments price data.**--Report below the quarterly price data<sup>1</sup> for pricing products<sup>2</sup> imported from #ctrysubA and sold by your firm. **Duplicate (copy and paste) this table for each country and delete this note.**

**Please ensure that the yearly totals (i.e., all four quarters added together across all products) for your firm's price data are equal to or less than what is reported as yearly commercial U.S. shipments in Part II (i.e., question II-5a, lines D & E).** This is because the quarterly commercial shipment price data requested in Part III are only for the pricing products as defined above, whereas the commercial shipment data requested in Part II encompass all imports under the scope of the investigation as defined in Part I.

## #ctrysubA

Report data in **#units** and **actual dollars** (not \$1,000s).

<b>(Quantity in #units, value in actual dollars)</b>								
<b>Period of shipment</b>	<b>Product 1</b>		<b>Product 2</b>		<b>Product 3</b>		<b>Product 4</b>	
	<b>Quantity</b>	<b>Value</b>	<b>Quantity</b>	<b>Value</b>	<b>Quantity</b>	<b>Value</b>	<b>Quantity</b>	<b>Value</b>
<b>#year1:</b>								
January-March								
April-June								
July-September								
October-December								
<b>#year2:</b>								
January-March								
April-June								
July-September								
October-December								
<b>#year3:</b>								
January-March								
April-June								
July-September								
October-December								
<b>#intyr2:</b>								
January-March								
April-June								
July-September								

<sup>1</sup> Net values (i.e., gross sales values less all discounts, allowances, rebates, prepaid freight, and the value of returned goods), f.o.b. your firm's U.S. point of shipment. Please subtract any discounts, rebates, and returns from the quarter in which the sale occurred.

<sup>2</sup> Pricing product definitions are provided on the first page of Part III.

**Note.** If your firm's product does not exactly meet the product specifications but is competitive with the specified product, provide a description of your firm's product. Also, please explain any anomalies in your firm's reported pricing data.

Product 1:

Product 2:

Product 3:

Product 4:

III-2c. **Price data checklist.** Please check that the pricing data in question III-2b have been correctly reported.

<b>Are the price data reported above:</b>	<b>√ if Yes</b>
In actual dollars ( <i>not</i> \$1,000s) and actual #units?	<input type="checkbox"/>
Valued f.o.b. U.S. point of shipment (i.e., exclude U.S. inland transportation costs)?	<input type="checkbox"/>
Reported net of all discounts, rebates, and returns (deducted from the quarter in which the original sale occurred)?	<input type="checkbox"/>
Reported for commercial U.S. shipments only (i.e., exclude internal consumption, transfers, and exports)?	<input type="checkbox"/>
Less than or equal to the quantities and values reported in Part II for commercial U.S. shipments in each period?	<input type="checkbox"/>
Explanation(s) for any boxes not checked:	

III-2d. **Pricing data methodology.** Please describe the method and the kinds of documents/records that were used to compile your price data.

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

III-3. **Price setting.** How does your firm determine the prices that it charges for sales of #abbrproduct (check all that apply)?

Transaction by transaction	Contracts	Set price lists	Other	If other, describe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

III-4. **Discount policy.** Please indicate and describe your firm's discount policies (check all that apply).

Quantity discounts	Annual total volume discounts	No discount policy	Other	Describe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

III-5. **Pricing terms.** On what basis are your firm's prices of imported #abbrproduct from #ctrysubs usually quoted (check one)?

Delivered	F.o.b.	If f.o.b., specify point
<input type="checkbox"/>	<input type="checkbox"/>	

III-6. **Contract versus spot.** Approximately what shares of your firm's sales of its #abbrproduct from #ctrysubs in #termyear were on the basis of (1) short-term contracts, (2) annual contracts, (3) long-term contracts, and (4) spot sales?

Item	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 #termyear sales	%	%	%	%	0.0 %

III-7. **Contract provisions.** Please fill out the table regarding your firm's typical sales contracts for #abbrproduct imported from #ctrysubs (or check "not applicable" if your firm does not sell on a short-term, annual and/or long-term contract basis).

<b>Typical sales contract provisions</b>	<b>Item</b>	<b>Short-term contracts</b> (multiple deliveries for less than 12 months)	<b>Annual contracts</b> (multiple deliveries for 12 months)	<b>Long-term contracts</b> (multiple deliveries for more than 12 months)
Average contract duration	<i>No. of days</i>		365	
Price renegotiation (during contract period)	<i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>No</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed quantity and/or price	<i>Quantity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Price</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Both</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indexed to raw material costs <sup>1</sup>	<i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>No</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<sup>1</sup> Please identify the indexes used: _____.				

III-8. **Lead times.** What share of your firm's sales of its #abbrproduct imported from #ctrysubs was from inventory and produced to order, and what was the typical lead time between a customer's order and the date of delivery for your firm's sales of its imported #abbrproduct?

<b>Source</b>	<b>Share of #termyear sales</b>	<b>Lead time (Average number of days)</b>
From your firm's U.S. inventory	%	
From foreign manufacturers' inventory	%	
Produced to order	%	
<b>Total (should sum to 100.0%)</b>	0.0 %	

**III-9. Shipping information.**

- (a) Who generally arranges the transportation to your firm's customers' locations?  
 Your firm     Purchaser *(check one)*
  
- (b) When your firm sells #abbrproduct imported from #ctrysubs, from where is it shipped?  
 Point of importation     Storage facility *(check one)*
  
- (c) Indicate the approximate percentage of your firm's sales of #abbrproduct imported from #ctrysubs that are delivered the following distances from your firm's U.S. point of shipment.

<b>Distance from your firm's U.S. point of shipment</b>	<b>Share</b>
Within 100 miles	%
101 to 1,000 miles	%
Over 1,000 miles	%
<b>Total (should sum to 100.0%)</b>	<b>0.0 %</b>

- III-10. **Geographical shipments.** In which U.S. geographic market area(s) has your firm sold #abbrproduct imported from subject countries since January 1, #bopyear (check all that apply)?

<b>Geographic area</b>	<b>#ctrysubA</b>	<b>#ctrysubB</b>	<b>#ctrysubC</b>
<b>Northeast.</b> CT, ME, MA, NH, NJ, NY, PA, RI, and VT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Midwest.</b> IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, and WI.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Southeast.</b> AL, DE, DC, FL, GA, KY, MD, MS, NC, SC, TN, VA, and WV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Central Southwest.</b> AR, LA, OK, and TX.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mountains.</b> AZ, CO, ID, MT, NV, NM, UT, and WY.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pacific Coast.</b> CA, OR, and WA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other.</b> All other markets in the United States not previously listed, including AK, HI, PR, and VI.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- III-11. **Inland transportation costs.** What is the approximate percentage of the cost of #abbrproduct imported from #ctrysubs that is accounted for by U.S. inland transportation costs? \_\_\_\_\_ percent.

III-12. **End uses.** List the end uses of the #abbrproduct that your firm imports. For each end-use product, what percentage of the total cost is accounted for by #abbrproduct and other inputs?

End-use product	Share of total cost of end-use product accounted for by		Total (should sum to 100.0% across)
	#abbrproduct	Other inputs	
	%	%	0.0 %
	%	%	0.0 %
	%	%	0.0 %

III-13. **Substitutes.** Can other products be substituted for #abbrproduct?

No       Yes, please fill out the table.

Substitute	End use in which this substitute is used	Have changes in the price of this substitute affected the price for #abbrproduct?		
		No	Yes	Explanation
1.		<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	

III-14. **Demand trends.** Has demand within the United States and outside of the United States (if known) for #abbrproduct steadily increased, fluctuated but ended higher, not changed, fluctuated but ended lower, or steadily decreased since January 1, #bopyear? Explain any trends and describe the principal factors that have affected these changes in demand.

Select one box per row.

Market	Steadily increase	Fluctuate up	No change	Fluctuate down	Steadily decrease	Explanation and factors
Within the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outside the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

III-15. **Product changes.** Have there been any significant changes in the product range, product mix or marketing of #abbrproduct since January 1, #bopyear?

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

III-16. **Business cycles.** Is the #abbrproduct market subject to business cycles, either during the year or across years? If yes, describe.

No	Yes	If yes, please describe, including any changes since January 1, #bopyear.
<input type="checkbox"/>	<input type="checkbox"/>	

III-17. **Conditions of competition.** Is the #abbrproduct market subject to conditions of competition distinctive to #abbrproduct other than the business cycles described in the previous question? If yes, describe.

No	Yes	If yes, please describe, including any changes since January 1, #bopyear.
<input type="checkbox"/>	<input type="checkbox"/>	

**III-18. Supply constraints.**

(a) Has your firm refused, declined, or been unable to supply #abbrproduct at any time since January 1, #bopyear (examples include placing customers on allocation or “controlled order entry,” declining to accept new customers or renew existing customers, delivering less than the quantity promised, being unable to meet timely shipment commitments, impact from changes in operations listed in II-2a, etc.)?

No (skip to next question)	Yes (respond to part b)
<input type="checkbox"/>	<input type="checkbox"/>

(b) For each year that your firm faced supply constraints, describe the constraints with the details requested below. For constraints that span multiple years, check all years they exist and describe how they vary over time, if at all.

Period	Check if yes	Describe, including the timing, duration, and reason for the constraint.
#year1	<input type="checkbox"/>	
#year2	<input type="checkbox"/>	
#year3	<input type="checkbox"/>	
January 1, #intyr2 - present	<input type="checkbox"/>	

(c) Were there any specific supply constraints, listed in part b or otherwise, related to the petition that was filed on #petitiondate?

No	Yes	If yes, please describe the constraints that were related to the petition being filed.
<input type="checkbox"/>	<input type="checkbox"/>	

**III-19. Raw materials.** Have #abbrproduct raw material prices steadily increased, fluctuated but ended higher, not changed, fluctuated but ended lower, or steadily decreased since January 1, #bopyear?

Select one box per row.

Steadily increase	Fluctuate up	No change	Fluctuate down	Steadily decrease	Explain, noting how raw material price changes have affected your firm's selling prices for #abbrproduct.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

III-20. **Interchangeability.** How often is #abbrproduct produced in the United States and in other countries interchangeable (i.e., can they physically be used in the same applications)?

Please indicate A, F, S, N, or O in the table below:

A = the products from a specified country-pair are *always* interchangeable

F = the products are *frequently* interchangeable

S = the products are *sometimes* interchangeable

N = the products are *never* interchangeable

O = *no familiarity* with products from a specified country-pair

Country-pair	#ctrysubA	#ctrysubB	#ctrysubC	Other countries
United States				
#ctrysubA	X			
#ctrysubB	X	X		
#ctrysubC	X	X	X	
For any country-pair producing #abbrproduct that is <i>sometimes</i> or <i>never</i> interchangeable, identify the country-pair and explain the factors that limit or preclude the interchangeable use of #abbrproduct produced in the countries:				

III-21. **Factors other than price.** How often are differences other than price (e.g., quality, availability, transportation network, product range, technical support, etc.) between #abbrproduct produced in the United States and in other countries a significant factor in your firm's sales of the products?

Please indicate A, F, S, N, or O in the table below:

A = such differences are *always* significant

F = such differences are *frequently* significant

S = such differences are *sometimes* significant

N = such differences are *never* significant

O = *no familiarity* with products from a specified country-pair

Country-pair	#ctrysubA	#ctrysubB	#ctrysubC	Other countries
United States				
#ctrysubA	X			
#ctrysubB	X	X		
#ctrysubC	X	X	X	
For any country-pair for which factors other than price are <i>always</i> or <i>frequently</i> a significant factor in your firm's sales of #abbrproduct, identify the country-pair and the relevant factors other than price, and report the advantages or disadvantages imparted by such factors:				

III-22. **Role of section 301 tariffs.** Did the tariffs on Chinese-origin products under section 301, or changes in these tariffs, have an impact on the #abbrproduct market in the United States, including any effects on #abbrproduct cost, price, supply, and/or demand, since January 1, #bopyear?

No	Yes	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>If yes, please describe the impact on cost, price, supply, and/or demand, and include the timing of such impacts.</b>

III-23. **Role of section 232 measures.** 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 the #abbrproduct market in the United States, including any effects on #abbrproduct cost, price, supply, and/or demand, since January 1, #bopyear?

No	Yes	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>If yes, please describe the impact on cost, price, supply, and/or demand, and include the timing of such impacts.</b>

III-24. **Role of new or modified tariffs.** Have tariff announcements and tariff changes associated with Presidential actions since January 1, 2025 (e.g., broad changes in tariff coverage/levels, and related litigation/court decisions) impacted the #abbrproduct market in the United States, including any effects on price, supply, demand, and/or raw material costs?

No	Yes	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>If yes, please describe the impact on cost, price, supply, demand, and/or raw material costs, and include the timing of such impacts.</b>

III-25. **Customer identification.** List the names and contact information for your firm's 10 largest U.S. customers for #abbrproduct since January 1, #bopyear. Indicate the share of the quantity of your firm's U.S. shipments of #abbrproduct that each of these customers accounted for in #termyear.

**FOR FINAL INVESTIGATIONS DELETE CONTACT PERSON, EMAIL, AND TELEPHONE**

Customer's name	Contact person	Email	Telephone	City	State	Share of #termyear sales (%)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

III-26. **Other explanations.** If your firm would like to further explain a response to a question in Part III for which a narrative response 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.

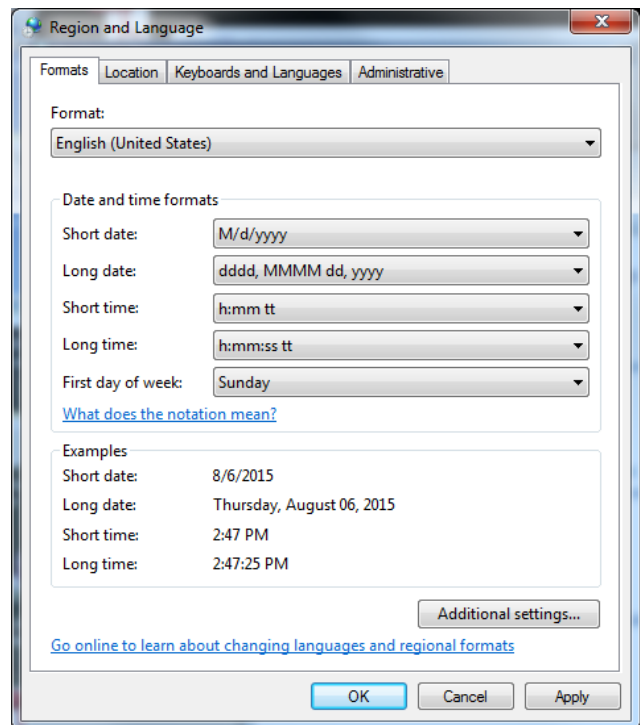
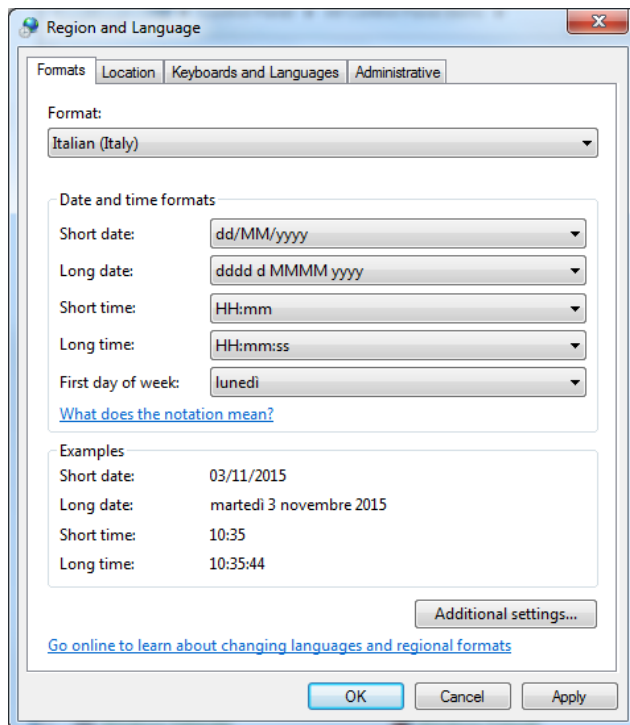
**Correcting valid number error messages.** If you are completing this questionnaire in a country that uses periods (".") to delineate multiples of 1000 (i.e., one million would appear as \$1.000.000 instead of as \$1,000,000), you may be unable to enter in numbers greater than 999 in the numeric form fields. This issue stems from your computer's number formatting setting (i.e., 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 and other countries use the reverse where multiples of 1000 are delineated with periods (".") and fractions less than one are delineated with commas (","). The U.S. International Trade Commission's questionnaires are set-up in the United States with the U.S. number formatting. When this formatting interacts with a computer set to EU or other country 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 importer questionnaire form. When you finish reporting the data then you can close the questionnaire and switch back to Italy (or 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](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:** Preliminary/Final

- **E-mail.** E-mail the MS Word questionnaire with a typed signature on the first page to [xxx@usitc.gov](mailto: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 import 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.