Export Information Statement

You have requested that the UCAR shipping department (Logistics Operations) ship certain items out of the United States. In order to ensure export compliance, we require certain information from you prior to shipping. If you are a UCAR employee and need assistance in completing this form, please contact either Kerry Slaven x1151 in Logistics, Sarah Pritchard x8564 or Meg McClellan x8875 in the UCAR Office of General Counsel.

1. Please list all items in the package for shipment (the “Items”).

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2. With respect to the Items described above, I state as follows:

   a. _____ That none of the Items qualify as defense articles under the International Traffic in Arms Regulations (“ITAR”); or

   _____ That only the following Items qualify as defense articles under the ITAR:
   [if applicable, list Items that qualify as defense articles.]

   With respect to those Items that qualify as defense articles under ITAR,
   _____ I have already obtained a license for export; or
   _____ I have not yet obtained a license for export.

   b. _____ That none of the Items are dual use items, subject to Export Administration Regulations (“EAR”); or

   _____ That only the following Items qualify as dual use items under the EAR, and the
   ECCN number for each Item (from the Commerce Control List) is as follows:
   1. Item 1: ________________________, ECCN number: ______________
   2. Item 2: ________________________, ECCN number: ______________
   3. Item 3: ________________________, ECCN number: ______________
   4. Item 4: ________________________, ECCN number: ______________
   5. Item 5: ________________________, ECCN number: ______________

3. I believe the export laws do/do not apply, for the following reasons:

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Name: ________________________________  Date: ___________________________
Signature: _____________________________
Institution (if other than UCAR): ______________________________