



110 COMMERCE CIRCLE SACRAMENTO, CA 95815

916.925.6100

916.925.6111

VPEI.COM

# EXPORT CONTROL END USE QUESTIONNAIRE

Thank you for your inquiry/order. To proceed with your request, the following information is required for compliance with United States Department of State International Traffic in Arms Regulations and United States Department of Commerce Export Administration Regulations. Completion of Sections 1-3 is required. Section 4 is to be completed if you will be forwarding items to a third country. This information will be considered confidential and will not be shared without your consent. If the provided data indicates that an export license may be required, you will be contacted for further information. Please direct all inquiries to Ms. Jennifer Holden, Compliance Manager at 916 925-6100 or JenniferH@vpei.com.

## Section 1 – COMPANY INFORMATION

Company Name: _____	Telephone: _____
Alternate Names: _____	Website: _____
City, Country: _____	Contact E-mail: _____
Contact Name: _____	Date Completed: _____
Description of Business Activity: _____	

## Section 2 – PRODUCT

Customer Part #, Dwg #, Description _____	
Your Finished Product: (Example: Pump, sensor, etc.) _____	
What is the Final End Use of your Finished Product: _____	
<i>Note: End use is the final, assembled product. Examples: Mass Spectrometer, Eurofighter Jet, Consumer Cell Phone</i>	
Will your part be used in the design, development, production or use of nuclear, chemical or biological weaponry or any associated missile programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate what US Export Regulations have Control Jurisdiction:	<input type="checkbox"/> ITAR USML Category: _____ <input type="checkbox"/> DOC / EAR ECCN: _____ <input type="checkbox"/> Unknown

## Section 3 – DELIVERY & PAYMENT

Country parts will be shipped to: _____	Country providing payment funds: _____
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## Section 4 – RE-EXPORT *Complete this section only if you will be re-exporting this part or a finished product containing this part to a third country.*

Re-Export Country(s): _____	
Re-Exported as:	<input type="checkbox"/> Original VPE Product <input type="checkbox"/> Altered VPE Product <input type="checkbox"/> Assembled Device containing VPE Product – Describe: _____

<b>VPE Use Only</b> <i>Forward to Compliance Manager if unable to complete</i>		Reviewed by: _____  Initials & Date
On DPL? <input type="checkbox"/> Yes <input type="checkbox"/> No	DOC <input type="checkbox"/> ECCN _____ ITAR <input type="checkbox"/> USML _____	
Specially Designed? <input type="checkbox"/> Yes <input type="checkbox"/> No	License required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exception _____	