



Sales/Product Development New Item Review

(Please have Customer provide data in * Fields)

Customer Name _____

*Contact Name _____

*Address _____

*Country _____

*Phone _____

*Fax _____

*Email _____

*Customer Signature _____

*Customer Item Number _____

~~XXXX~~ Item Number _____

Producing Plant _____

~~XXXX~~ Contact _____

*What is this item? (Please give a full description including materials)

*What will this item be incorporated into (Example: Jet Engine for XYZ program)?

*Is the item ITAR controlled? Yes No

Does this item have an ECCN #? Yes No ECCN # _____

If Yes... Self-Classified BIS CJ Classified

*Will this item be exported? Yes No

*If yes, please list all countries this item will be exported to:

*If exported, will this item be re-exported? Yes No

Please forward completed form to ~~XXXXXXXXXX~~ Representative

~~XXXXXXXXXX~~ Compliance Use Only

ECCN Classification _____

Product License Required? Yes No

Technology License Required? Yes No

License Exception Available? Yes No

Schedule B Classification _____

Approved By _____

Date License Applied For _____

Date License Received _____

Date Forwarded to Sales _____

