

In order to comply with existing national export control laws as well as US (re-)export control regulations, we require the following information about the products in our inquiry/order.

This data sheet is part of our inquiry/order.

Compliance with the relevant legal requirements cannot be guaranteed without the information from you. Please note that the declaration may only be made on this form.

Company:

Contact:

Address:

E-Mail (optional):

Product designation:

Item Number:

Customs tariff number:

Country of origin:

Is the product subject to national export control regulations?

Yes No

KrWaffKontrG: Yes No Wenn ja, KWL-Nr.:

War Weapons Control Act (KrWaffKontrG): Yes No If yes, War Weapons List (KWL) No.:

Weapons Act (WaffG): Yes No

Dual-use goods: Yes No If yes, Export List Part I B No.:

Explosives Act (SprenG): Yes No If yes, Export List Part I B No.:

The goods contain explosive substances: Yes No

If yes: UN No.:

Class:

Quantity of NEM in kg:

Are the goods subject to US export control regulations? Yes No

Military goods: Yes No If yes, US Munitions List (ITAR) Cat.:

Dual Use Gut, Commerce Control List (EAR) ECCN-No.:

If no, US re-export restrictions do not apply, because: Not US goods or no US goods installed: Yes No

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One or more goods of US origin are installed. These goods belong to category EAR99: Yes No

The proportion of the value of the installed goods of US origin is less/more than %

Are there export/re-export restrictions of other countries? Yes No

If so, which countries:

Following restrictions:

All information is on the basis of present knowledge.
If changes occur, we will inform you immediately by separate letter.

If you have already filled in the export control data sheet for the item in question and the information has not changed, please fill in the company name and the article number and return the document to us.

The data already transmitted for the above article are still valid.
If your goods contain lithium batteries, please send us the test report of the manufacturer after receipt of order.

Company:

Last Name:

First Name:

Place & Date | Signature | Stamp

Digital Signature (if available)