

**EXPORT CLASSIFICATION FORM (ECF)**

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| --- | --- | --- | --- | --- |
| **Company:** |  |  | **POC:** |  |
| **Address:** |  |  | **Phone #** |  |
|  |  |  | **E-Mail:** |  |
| **Cage Code:** |  |  |  |  |

**This Section to be Completed by Offeror**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Model, Type or P/N** | **Product Description** | **Export Control Jurisdiction1** | **Other U.S. Agency Regulations2**  | **Classification3** | **Country of Origin** | **Schedule B or Harmonized Tariff Schedule**  | **Classification Method4 & Date of Determination**   |
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\*Add additional lines as necessary

*The Offeror must provide the following information, including the authorized signature.*

*By signing below, the Offeror certifies that the information provided on the form is correct.*

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions for Completing the Table

1. Export Control Jurisdiction (Pick One) – Department of Commerce (DoC) **or** Department of State (DoS)

2. Other U.S Agency Regulation – indicate only if applicable (i.e., ATF, FDA)

3. Classification - Please provide the Export Control Classification Number (ECCN) or Munitions List Category (USML) - must Identify USML to Subparagraph Level.

4. Classification Method (Pick One) – Commodity Classification (CCATS) DoC **or** Commodity Jurisdiction (CJ) - DoS or Supplier Self Determination

***Submission of this form by the Offeror completes the Corp Doc Export Control Classification Requirement***