Trading Partner Risk Assessment Checklist

Each Trading Partner must be checked prior to any transactions

Trading Partner Name: _____ Contact Name: _____

Address: _____ Phone/Fax: _____

Phone/Fax: _____ Email: _____

Ship To:

Address: _____ *Forward to Corporate Logistics Compliance*

Phone/Fax: _____

☐ **Customer**   ☐ **Supplier**   ☐ **New**   ☐ **New Ship To Only**

Person Performing Screen: _____ Phone/Email: _____

Date Screening Performed: _____ ☐ Scan/Copy of PO/RFQ Attached *(Required)*

Denied Persons	Listed? ☐ Yes ☐ No	If listed, cannot set-up
Unverified List	Listed? ☐ Yes ☐ No	If listed, further information is required prior to set-up
Entity List	Listed? ☐ Yes ☐ No	If listed, a license may be required under EAR; determine prior to set-up
Specially Designated Nationals	Listed? ☐ Yes ☐ No	If listed, dealings may be prohibited or a license may be required; determine prior to set-up
Non-proliferation Sanctions	Listed? ☐ Yes ☐ No	If listed, sanctions as stated or may be license required; determine prior to set-up
Diversion Risk	Red Flag Indicators? ☐ Yes ☐ No	If yes, further information is required prior to set-up
Anti-boycott Compliance	Contains Anti-boycott Language? ☐ Yes ☐ No	Check PO/RFQ for anti-boycott language

If potential Trading Partner shows as "No" on all lists, proceed with set-up.

This checklist is in place to validate potential Trading Partners of ˌP Only. Each transaction
' enters into with any Trading Partner is subject to evaluation based on the *Item / Classification / End Use / User / Country Requirements* for that specific transaction.

For further information or clarification of these lists, please contact:

Export Classification Request Form
(Please have Customer provide data in * Fields)

Customer Name _____

*Contact Name _____

*Address _____

*Country _____

*Phone _____

*Fax _____

*Email _____

*Customer Signature _____

*Customer Item Number _____

   . Item Number _____

Producing Plant _____

   .' 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. .

.. Compliance Use Only

ECCN Classification _____

Product License Required?   ☐ Yes ☐ No

Technology License Required?   ☐ Yes ☐ No   ECCN # _____

License Exception Available?   ☐ Yes ☐ No   Code # _____

Restrictions _____

Schedule B Classification _____

Approved By _____

Date License Applied For _____

Date License Received _____

Date Forwarded to Sales _____