

END USE / END USER STATEMENT (EUS)



X-Microwave, LLC requests the following information when placing an order to ensure compliance with all export restrictions.

X-Microwave will not contact the end user related to this statement or share this contact information with any other sales entity. End user information is for record keeping purposes and EAR and ITAR information only.

PO # _____ **(Please fill in Purchasing Company PO #), (Additional Rows on Pg 3)**

Qty	Part Number	Description
Please check one: Commercial <input type="checkbox"/> Military <input type="checkbox"/>		

SPECIFIC END-USE. These products will be incorporated or used in the following end product(s) or system(s). Please be specific; provide program name and a detailed description of the specific platform and/or application, as well as a detailed description of function/purpose of the parts within the application.

PURCHASING COMPANY (Spell out any abbreviations)

Nature of Business:	
Company Name	Phone Number
Street Address:	
City, State:	
Country, ZIP:	
Technical Contact Name and Phone Number / E-mail Address	
Parts will be shipped to (company name) _____ as recd from X-Microwave ()	
or integrated into () (describe) _____	

ULTIMATE CONSIGNEE (ACTUAL END USER) (Spell out any abbreviations)

Nature of Business:	
Company Name:	Phone Number:
Street Address:	
City, State:	
Country, ZIP:	
Technical Contact Name and Phone Number / E-mail Address	
Parts will be recd from (company name) _____ and used as described in Specific End Use.	

FOREIGN CONSIGNEE (Purchasing entity receiving shipment for storage, modification or incorporation into another item and then forwarding to Actual End User) (Spell out any abbreviations)

Nature of Business:	
Company Name	Phone Number
Street Address:	
City, State:	
Country, ZIP:	
Technical Contact Name and Phone Number / E-mail Address	
Parts will be recd from (company name) _____ and shipped to (company name) _____ as recd () or integrated into () (describe) _____	

INTERMEDIATE CONSIGNEE (Agent, representative or foreign freight forwarder) (Spell out any abbreviations)

Nature of Business:	
Company Name:	Phone Number:
Street Address:	
City, State:	
Country, ZIP:	
Technical Contact Name and Phone Number / E-mail Address:	
Parts will be recd from (company name) _____ and shipped to (company name) _____ as recd () or integrated into () (describe) _____	

ANY OTHER PARTY INVOLVED (Spell out any abbreviations)

Nature of Business:	Role:
Company Name:	Phone Number:
Street Address:	
City, State:	
Country, ZIP:	
Contact Name and Phone Number / E-mail Address	

US FREIGHT FORWARDER (If used) (Spell out any abbreviations)

Company Name:	Phone Number:
Street Address:	
City, State:	
Country, ZIP:	
Contact Name and Phone Number / E-mail Address	

CERTIFICATION: I certify that all of the information given in this statement is true and correct to the best of my knowledge and belief and that I have not knowingly omitted any information that is inconsistent with this statement.

Furthermore, by signing this EUS, I certify that I and my organization will not re-export these commodities without complying with all U.S. Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

We confirm that we will verify compliance with requirements associated with various lists, including the Denied Persons List, Unverified List, Entity List, Specially Designated National Lists, Debarred List and Nonproliferation Sanctions List.

We certify that all prohibitions from 15 CFR 744 will be complied with: including but not limited to nuclear activity or propulsion plants, missile systems, drones, rocket systems, chemical or biological proliferation activities, foreign vessels or aircraft, weapons of mass destruction.

We certify that these parts will not be exported to any Group D country, to any embargoed country listed in Country Group E:2, or to a terrorist supporting country listed in Country Group E:1 nor to a country that is NOT listed as Country Group B (all Country Groups as itemized in Supplement No. 1 to EAR Part 740) without the approval of the United States Government.

Signature of Purchaser

Printed name, Title of Purchaser, Company

Date

Please email the completed form to sales@xmicrowave.com
Thank you for your assistance.

