APPENDIX I TO PART 700—FORM BIS-999—REQUEST FOR SPECIAL PRIORITIES ASSISTANCE

<table>
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<tr>
<th>FORM BIS-999 (formerly Form E3-A-996)</th>
<th>U.S. DEPARTMENT OF COMMERCE</th>
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<td>BUREAU OF INDUSTRY AND SECURITY</td>
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REQUEST FOR SPECIAL PRIORITIES ASSISTANCE

READ INSTRUCTIONS ON LAST PAGE

FILL OUT USING YOUR COMPUTER

Information of a completed application is required to request Special Priorities Assistance (SPA). See sections 700.50-51 of the Defense Priorities and Allocations System (DPAS) regulations (15 CFR 700). It is a criminal offense under 18 U.S.C. 1001 to make a willfully false statement or representation to any U.S. Government agency as to any matter within its jurisdiction. All company information furnished is subject to this application will be deemed CONFIDENTIAL, subject to Sec. 30.50(b) of the Defense Production Act of 1941 (50 U.S.C. App. 2355(a)) which prohibits publication as disclosure of this information unless the President determines that withholding it is contrary to the interest of the national defense. The Department of Commerce will not accept the appropriate Freedom of Information Act (FOIA) exemptions if such information is subject to FOIA requests. The unauthorized publication or disclosure of such information by Government personnel is prohibited by law. Violators are subject to fines and/or imprisonment. [Note: The Bureau of Industry and Security (BIS)]

1. APPLICANT INFORMATION

   a. Name and complete address of Applicant (Applicant may be any person needing assistance - Government agency, contractor, or supplier. See definition of "Applicant" in Footnote section on last page of this form)

   b. If Applicant is not an end-user Government agency, give name and complete address of Applicant's customer.

   Applicant Name: __________________________

   Address: __________________________________________________________

   City: __________________ State: ___________ Zip: __________

   Contact's name: ____________________________

   Title: ____________________

   Telephone: __________ Fax: __________

   E-mail address: __________________________

   Customer Name: __________________________

   Address: __________________________________________________________

   City: __________________ State: ___________ Zip: __________

   Contact's name: ____________________________

   Title: ____________________

   Telephone: __________ Fax: __________

   Contract purchase order #: __________

   Dated: __________ Priority rating: __________

2. APPLICANT ITEMS: If Applicant is not end-user Government agency, describe item(s) to be delivered by Applicant under its customer's contract or purchase order through the use of items listed in Block 3. (W/Avio, identify Government program and end-stamp for which these items are required. If Applicant is end-user Government agency and Block 3 items are not end-items, identify the end-item for which the Block 3 items are required. See definition of "Item" in Footnote section on last page of this form.)

3. ITEM(S) (Including service) FOR WHICH APPLICANT REQUESTS ASSISTANCE

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
<th>Dollar Value</th>
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<tr>
<td></td>
<td>Include identifying information such as model or part number</td>
<td>Each quantity listed</td>
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</table>

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6. SUPPLIER INFORMATION

- Name and complete address of Applicant's Supplier:
  - Supplier Name: [Blank]
  - Address: [Blank]
  - City, State, Zip: [Blank]
  - Contact Name: [Blank]
  - Title: [Blank]
  - Telephone, Fax: [Blank]
  - E-mail Address: [Blank]

- Applicant's contract or purchase order to Supplier:
  - Number: [Blank]
  - Dated: [Blank]
  - Priority rating (if none, no space): [Blank]

If Supplier is an agent or distributor, give complete producer or lower tier supplier information on Continuation Block on page 3, including purchase order number, date, and priority rating (if none, no space).

5. SHIPMENT SCHEDULE OF ITEMS SHOWN IN BLOCK 3

- Applicant's original shipment or performance requirement:
  - Month Year: [Blank]
  - Number of units: [Blank]

- Supplier's original shipment or performance promise:
  - Month Year: [Blank]
  - Number of units: [Blank]

- Applicant's current shipment or performance requirement:
  - Month Year: [Blank]
  - Number of units: [Blank]

- Supplier's current shipment or performance promise:
  - Month Year: [Blank]
  - Number of units: [Blank]

4. REASONS GIVEN BY SUPPLIER for inability to meet Applicant's required shipment or performance data(s).

7. BRIEF STATEMENT OF NEED FOR ASSISTANCE. As applicable, explain effect of delay in receipt of Block 3 item(s) on achieving timely shipment of Block 3 item(s) (e.g., production line shutdown), or the impact on program or project schedule. Describe attempts to resolve problems and give specific reasons why assistance is required. If priority rating authority is requested, please so state.

8. CERTIFICATION: I certify that the information contained in Blocks 1-7 of this form and all other information attached, is correct and complete to the best of my knowledge and belief (must signature if this form is electronically generated and transmitted - use of name is deemed certification).

Signature of Applicant's authorized official: [Blank]
Title: [Blank]
Print or type name of authorized official: [Blank]
Date: [Blank]
### 9. U.S. GOVERNMENT AGENCY INFORMATION

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<th>Field</th>
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<td>Name</td>
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<td>Telephone, Fax</td>
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<tr>
<td>E-mail address</td>
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**a.** Name/complete address of originating sponsoring service/agency/office. Provide lower level activity, program, contract administration, or field office information in Continuation Block below, on duplicate of this page, or on separate sheet of paper.

**b.** Case reference no. ____________

**c.** Government agency program or project to be supported by Block 2 items. Identify end-user agency if not sponsoring agency.

**d.** Statement of urgency of particular program or project and Applicant's part in it. Specify the extent to which failure to obtain requested assistance will adversely affect the program or project.

**e.** Government agency/office actions taken to attempt resolution of problem.

### 1. RECOMMENDATION

**g.** ENDORSEMENT by authorized Department or Agency headquarters official (with signature if this form is electronically generated and transmitted - use of name is deemed authorization). This endorsement is required for all Department of Defense and Foreign government requests for assistance.

<table>
<thead>
<tr>
<th>Signature of authorized official</th>
<th>Type name of authorized official</th>
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**Continuation Block**

Identify each statement with appropriate block number
INSTRUCTIONS FOR FILING FORM BIS-999

NOTE: You may fill out this form using your computer. Save the downloaded blank file to your computer and generate forms for submission via U.S. mail, fax, or facsimile. Navigate between the form’s data fields using the tab key, back tab or backspace.

REQUESTS FOR SPECIAL PRIORITIZED ASSISTANCE (SPA) MAY BE FILED for any reason in support of the Defense Priorities and Allocations System (DPAS), e.g., when its regular provisions are not sufficient to obtain delivery of items or in times to meet urgent customer or program/project requirements, for help in locating a supplier or placing a rated order, to ensure that rated orders are receiving necessary preferential treatment by suppliers, to resolve production or delivery conflicts between or among rated orders, to verify the agency to determine whether rated orders, or to request assistance to use the priority rating. Requests for SPA must be sponsored by the cognizant U.S. governmental agency responsible for the program or project supported by the Applicant’s contract or purchase order.

REQUESTS FOR SPA SHOULD BE TIMELY AND MUST ESTABLISH:

- The urgent defense (including civil emergency or energy programs) or project-related need for the items and that
- The Applicant has made a reasonable effort to resolve the problem.


Sponsoring agency, if not the Department of Defense (DOD), must obtain DOD concurrence if the agency is supporting a DOD program or project. This form may be mechanically or electronically prepared and may be mailed, faxed, or electronically transmitted.

WHERE TO FILE THIS FORM:

- Private sector Applicants should file with their respective customers as follows: lower-tier suppliers, file with customer/subcontractor;middle-tier suppliers, file with prime contractor; upper-tier suppliers, file with prime contractor for forwarding to one of the below listed cognizant U.S. Government agencies.
- Department of Defense (DOD) — File with the local Defense Contract Management Agency (DCMA) for DOD's military service, associated agencies, programs, or project offices.
- Department of Energy (DOE) — File with the appropriate Field Operations Office.
- Requests for SPA for domestic energy projects should be filed with DOE headquarters in Washington, D.C.
- General Services Administration (GSA) and Federal Emergency Management Agency (FEMA) — File with the contracting office in the agency's local office or with its headquarters office in Washington, D.C.
- Applicants who are lower level contract administration, program, project, or field offices, or whose activities cannot resolve the private sector request for assistance, should forward the form to cognizant sponsoring service/agency activity headquarters for review. Block 8 endorsement, and forwarding to the U.S. Department of Commerce. Foreign government or private sector entities should file directly with the DOD Office of the Secretary of Defense. Timely review and forwarding is essential to providing timely assistance.

CONTACTS FOR FURTHER INFORMATION:

- For any questions related to the production or delivery of items against particular rated contracts or purchase orders, contact the cognizant DOD, GSA, or FEMA agency, activity, contract administration, program, project, or field office (see WHERE TO FILE above).
- If for any reason the Applicant is unable to file this form as specified in WHERE TO FILE above, if the cognizant U.S. Government agency for filing this form cannot be determined, or for any other information or problems related to the completion and filing of this form, the operation or administration of the DPAS, or to obtain a copy of the DPAS or an DPAS training materials, contact the Office of Strategic Industry and Economic Security, Room 3684, U.S. Department of Commerce, Washington, D.C. 20230 (https://www.commerce.gov/DPAS). Telephone: (202) 482-3604, or FAX: (202) 482-5008.

APPLICANTS REQUIREING PRIORITIZATION AUTHORIZATION TO OBTAIN PRODUCTION OR CONSTRUCTION EQUIPMENT for the performance of rated contracts or orders in support of DOD programs or projects must file the DOD Form 86-091, "Application for Priority Rating for Production or Construction Equipment," in accordance with the instructions on that form. No DOD, GSA, or FEMA programs or projects, Applicant may use this form unless the agency requires its own form.

SPECIAL INSTRUCTIONS:

- If the space in any block is insufficient to provide a clear and complete statement of the information requested, use the continuation block provided on this form or a separate sheet to be attached to this form.
- Faxes in Block 3 should be limited to information from a single contract or purchase order. If SPA is requested for additional contracts or purchase orders placed with a supplier for the same or similar items, information from those contracts or purchase orders may be included in one application. However, each contract or purchase order number must be identified and the quantity, priority rating, delivery requirements, etc., must be shown separately.
- If disclosure of certain information on this form is prohibited by security regulations or other security considerations, enter “classified” in the appropriate block, in lieu of the requested information.

FOOTNOTES:

1. "Item" is defined as the DPAS as any raw, processed or manufactured material, article, commodity, supply, equipment, component, accessory, part, assembly, or product of any kind, technical information, process or service.

2. "Applicant" as used in this form, refers to any person requiring Special Priority Assistance, and eligible for such assistance under the DPAS.

"Person" as defined in the DPAS to include any individual, corporation, partnership, association, any other organized group of persons, a U.S. government agency, or any other organization.

BURENED ESTIMATE AND REQUEST FOR COMMENT

Public reporting burden for this collection of information is estimated to take 20 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing the form. Please send comments regarding this burden estimate to any other aspect of this collection of information, including suggestions for reducing the burden to Director, Administrative, Bureau of Industry and Security, Room 3889 U.S. Department of Commerce, Washington, D.C. 20230. Notwithstanding any other provision of law, no person is required to respond to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number.

[71 F.R. 39529, Jul 13, 2006]