

Please Read: The purpose of this International Shipping Form is to identify any international shipment which requires prior export control authorization from U.S. Government export authorities.

Please complete the form as fully as possible. Questions should be directed to the Office of Export Controls exportcontrol@bc.edu

Requestor's Details:			
Request Date:			
Name:			
Department:			
Sponsored Project Code (if applicable):			
Recipient's Details:			
Name:			
Institution:			
City/Locality:			
State/Province:			
Zip/Postal Code:			
Country:			
Admin contact (optional):			
Intended End Use of Material or sample:			
Is the export intended as a permanent export or will the item be retu	rned?		
Has the consignee(s) been screened through Visual Compliance?	Yes	No	
Will the recipient re-export the items to a different final recipient?	Yes	No	Unknown
Please check to indicate any of the following included in the intended	ed shipme	nt:	
Laboratory instruments			
☐ Tools (of a specialized mechanical nature)			
Samples			
Prototypes (including fabricated materials)			
Biological materials or specimens			
Specialized scientific software (not including typical operation) Adobe, etc.)	erational s	oftware	such as Microsoft Office,
Software programs containing or constituting specialize routine commercial laptop cryptographic protection)	d cryptog	raphic fu	nctionality (not including
Technical data related to any of the foregoing			

Item, material, or sample name:	
Description and/or origins of materials, sample, or item:	
Amount to be transferred:	
Value of Materials (in US Dollars):	
Please identify (if known) the export control classification of the	items in this shipment (Provide ECCN or USML
Category, or respond "Unknown"):	
Does the shipment contain Hazardous Materials? Yes	No
*If you are shipping multiple items in one shipment, please add a	n addendum providing the information above.
understand that I could be personally liable if I unlawfully export without prior approval. Requestor's Signature: Requestor's Printed Name:	
PI Signature: PI Printed Name:	Date:
Department:	-
Optional lab or other coordinating contact:	

*Details: