**Export Control Shipping Form**

**Date:**

**Principal Investigator:**

**Phone number/Ext: Email address:**

**Job Order Number (JON):**

**Reason for shipping items** (field exercise, name of experiment)**:**

**Address shipping from:**

**Address shipping to:**

**Detailed description of Material/Items being shipped:**

**Is shipment**  OCONUS FedEx Other

**Who is picking-up the items?**

Receiver(s) must be US citizen or Permanent Resident Alien (PRA).

**Are computers being shipped?** Yes No

**If so, do they contain encrypted information?** Yes No

**Have these items been shipped within the last 12 months?** Yes No

**If so, where?**

**What is planned date of returned shipment for items?**

**Are all items returning to the NPS campus?** Yes No

**If not, why and which items:**

**Are items:**

 Export Controlled Yes No

 Intellectual Property or Patent filing pending Yes No

 Proprietary information Yes No

**I certify that the information I have provided is true and accurate.**

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Signature of Principal Investigator Date

**Complete and submit this form, along with DD Form 1149, for input into KFS.**

**This form must be completed for all shipments that include items subject to Export Control review.**