



Customer – End User Declaration and Complete Chain of Custody for Purchase of Night Vision Equipment

To: Night Vision Devices, Inc. (NVD)

Purchase Order Number:

- I understand that the products, technologies and services listed on the attached purchase order are subject to one or more of the export control laws and regulations of the U.S. Government and that they fall under the control jurisdiction of either the Department of State's International Traffic in Arms Regulations (ITAR) or the Department of Commerce's Export Administration Regulations (EAR).
- I understand that it is unlawful to export, or attempt to export or otherwise transfer or sell any hardware or technical data or furnish any service to any foreign person, whether abroad or in the United States (U.S.), for which a license or written approval of the U.S. Government is required, without first obtaining the required license or written approval from the department of the U.S. Government having jurisdiction.
- I understand that, in the ITAR (§ 120.16), a foreign person means any natural person who is not a lawful permanent resident as defined by 8 U.S.C. 1101(a)(20) or who is not a protected individual as defined by 8 U.S.C. 1324b(a)(3). It also means any foreign corporation, business association, partnership, trust, society or any other entity or group that is not incorporated or organized to do business in the U.S., as well as international organizations, foreign governments and any agency or subdivision of foreign governments (e.g., diplomatic missions).
History: 59 FR 25811, May 18, 1994; 71 FR 20534, Apr. 21, 2006.
- I understand that I am responsible for compliance with any and all U.S. Government export controls and regulations and that, if I violate them, it could result upon conviction in severe criminal and civil penalties (including substantial fines, imprisonment, seizure of controlled products and technical data, and/or suspension/removal of export privileges) for my company and me.

Please perform the following steps:

- Read Section I, check appropriate box and read bullets below the box.
- Provide all of the required information in Section II.
- Return this signed form by fax to NVD at 610-395-9744.

Section I

- **I am purchasing the articles identified on the attached purchase order for use or resale in the U.S. only.**
- I understand that these items will not be exported, provided to foreign persons in the U.S. (including Foreign Embassies in the U.S.A.), or sold domestically for export by a third party (including U.S. Government agencies).
 - When I resell these items, I shall obtain from my customers a signed written confirmation that they understand their duty to comply with U.S. export control regulations or face the possibility of severe criminal and civil fines including imprisonment if convicted.
 - When I resell these items, I will inform my customers in writing that if these items are lost, stolen or destroyed, they must report to me this fact and provide the date of the incident as well as the associated serial number of the item.
 - With the record of the sale, I will retain the signed written confirmation and any future notices of the sold item(s) being lost, stolen or destroyed.
- **I am purchasing the articles identified on the attached purchase order either for export abroad or for sale to foreign persons in the U.S.**
- I understand that export authorization must be obtained from the Department of State or the Department of Commerce before these items can be exported abroad or given to foreign persons in the U.S.
 - I understand that, before I transfer the purchased products to my customer, I should review the obtained U.S. Government export authorization since I and the other parties cited on this official document must comply with any and all of the provisos stated therein by the authorizing U.S. Government agency.



Section II

1. Please attach a detailed summary of the end use of the articles on the purchase order (including any applicable project name and/or contract) on your letterhead.

2. You must obtain and provide below the complete chain of custody for the purchased night vision products. Please give in order from manufacturer to end user the full names and physical addresses of any and all individuals, companies, brokers, agents, freight forwarders, middlemen, processors, intermediaries, and the end user who will be taking possession of these articles. Note: Post office box numbers, general, or imprecise locations are not acceptable addresses. Use a separate sheet of paper if needed.

A. (Check the line below which applies and enter the applicable information for this entity on the right side.)

- Freight Forwarder/Broker in USA Name:
Freight Forwarder/Broker not in USA Address 1:
Translators Address 2:
Consultants City:
Distributor/Dealer State/Province:
Manufacturer or Processor Country:
Storage Facility/Depot Postal Code:
Maintenance Facility
End User
Other ()

B. (Check the line below which applies and enter the applicable information for this entity on the right side.)

- Freight Forwarder/Broker in USA Name:
Freight Forwarder/Broker not in USA Address 1:
Translators Address 2:
Consultants City:
Distributor/Dealer State/Province:
Manufacturer or Processor Country:
Storage Facility/Depot Postal Code:
Maintenance Facility
End User
Other ()

C. (Check the line below which applies and enter the applicable information for this entity on the right side.)

- Freight Forwarder/Broker in USA Name:
Freight Forwarder/Broker not in USA Address 1:
Translators Address 2:
Consultants City:
Distributor/Dealer State/Province:
Manufacturer or Processor Country:
Storage Facility/Depot Postal Code:
Maintenance Facility
End User
Other ()

D. (Check the line below which applies and enter the applicable information for this entity on the right side.)

- Freight Forwarder/Broker in USA Name:
Freight Forwarder/Broker not in USA Address 1:
Translators Address 2:
Consultants City:
Distributor/Dealer State/Province:
Manufacturer or Processor Country:
Storage Facility/Depot Postal Code:
Maintenance Facility
End User
Other ()



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E. (Check the line below which applies and enter the applicable information for this entity on the right side.)

- | | | |
|--------------------------|-------------------------------------|-----------------|
| <input type="checkbox"/> | Freight Forwarder/Broker in USA | Name: |
| <input type="checkbox"/> | Freight Forwarder/Broker not in USA | Address 1: |
| <input type="checkbox"/> | Translators | Address 2: |
| <input type="checkbox"/> | Consultants | City: |
| <input type="checkbox"/> | Distributor/Dealer | State/Province: |
| <input type="checkbox"/> | Manufacturer or Processor | Country: |
| <input type="checkbox"/> | Storage Facility/Depot | Postal Code: |
| <input type="checkbox"/> | Maintenance Facility | |
| <input type="checkbox"/> | End User | |
| <input type="checkbox"/> | Other () | |

3. I certify that all parties to this transaction are accurately identified above.

Your Full Name:

Company Name:

Your Signature: _____

Your Title:

Today's Date:

Official Company Stamp or Seal (if available)