

ITT EXPORT COMPLIANCE CERTIFICATION

Export Compliance Point of Contact

The person below is authorized to discuss/verify/confirm the export compliance requirements associated with this certification.

Company Name: _____

Point of Contact: _____ Title: _____

Phone Number: _____ FAX Number: _____

E-Mail Address: _____

Export Controlled Goods, Data, and Services: I understand that certain goods, data, and/or services to be provided by ITT under a contract or purchase order may be subject to U.S. Export Administration Regulations (EAR). Goods or data that are subject to export controls and provided by ITT will normally be clearly marked as such. Controlled services will also be clearly identified. I understand that I am obligated to contact ITT immediately to obtain an export control determination in cases where export control jurisdiction has not been clearly marked or otherwise identified by ITT. I understand that providing access to U.S. export controlled goods, data, or services to non-U.S. persons either in the U.S. or abroad is prohibited without prior written authorization from the U.S. Department of Commerce.

I certify that to the best of my knowledge the above information is true and correct and that Company Name shall be responsible for adhering to the requirements of this certification.

Printed Name

Company Name

Signature

Date

Title