

How to Fill out a BIS 711 Form for EyeDetect

TERMS

Ultimate Consignee: Entity that will use the EyeDetect Station and/or Physio Tracker to run tests.

Purchaser: Entity or group that will be purchasing the EyeDetect Station and/or Physio Tracker from Converus.

Specific End Use: How will the EyeDetect Station and/or Physio Tracker be used or what type of lie detection tests will be administered on it (preemployment, screening, investigations, etc.).

NOTE: The Ultimate Consignee and the Purchaser can be the same group. If so, please fill out the sections for both even if it is repeated information.

ULTIMATE CONSIGNEE

Fill out the following sections:

1. **Legal Business Address and Phone**
2. **Disposition or use of items by Ultimate Consignee-** check all that might apply
 - A. If the Ultimate Consignee intends to use the EyeDetect Station and/or Physio Tracker themselves.
 - B. *Do not check- only if EyeDetect Station parts are being repurposed into something else.*
 - C. For resellers only- If the Ultimate Consignee intends to resell the EyeDetect Station and/or Physio Tracker to a different end user, whether now or later. If now, describe that customer's known specific end use. If later, estimate future customer's specific end use.
 - D. *Do not check- leave blank. See note below.*
 - E. Other- if you have a more unique use for the EyeDetect Station and/or Physio Tracker, please detail that intended use.

NOTE: If the Ultimate Consignee intends to resell the EyeDetect Station or Physio Tracker to a new End User, they will need a new BIS 711 form on which their intended End User is the Ultimate Consignee, and they are the Purchaser.

3. **Nature of Business:**
 - A. Describe nature of business
 - B. Describe business relationship with Converus (i.e. customer, service partner, etc.)
4. **Additional information:** optional. Fill out only if you wish to clarify use of EyeDetect Station and/or Physio Tracker.
5. **Leave blank.**
6. **Signature:** Sign, print name, title and date

PURCHASER

Fill out the following sections:

7. **Name-** Business Name, signature, printed name, title and date.

Leave section 8 blank.

STATEMENT BY ULTIMATE CONSIGNEE AND PURCHASER

1	1. ULTIMATE CONSIGNEE	CITY	
	ADDRESS LINE 1	COUNTRY	
	ADDRESS LINE 2	POSTAL CODE	TELEPHONE OR FAX

2	2. DISPOSITION OR USE OF ITEMS BY ULTIMATE CONSIGNEE NAMED IN BLOCK 1		
	We certify that the items: <i>(left mouse click in the appropriate box below)</i>		
	A. <input type="checkbox"/>	Will be used by us (as capital equipment) in the form in which received in a manufacturing process in the country named in Block 1 and will not be reexported or incorporated into an end product.	
	B. <input type="checkbox"/>	Will be processed or incorporated by us into the following product (s) _____ to be manufactured in the country named in Block 1 for distribution in _____	
	C. <input type="checkbox"/>	Will be resold by us in the form in which received in the country named in Block 1 for use or consumption therein. The specific end-use by my customer will be _____	
D. <input type="checkbox"/>	Will be reexported by us in the form in which received to _____		
E. <input type="checkbox"/>	Other (describe fully) _____		
NOTE: If BOX (D) is checked, acceptance of this form by the Bureau of Industry and Security as a supporting document for license applications shall not be construed as an authorization to reexport the items to which the form applies unless specific approval has been obtained from the Bureau of Industry and Security for such export.			

3	3. NATURE OF BUSINESS OF ULTIMATE CONSIGNEE NAMED IN BLOCK 1		
	A. The nature of our usual business is _____		
	B. Our business relationship with the U.S. exporter is _____		
and we have had this business relationship for _____ year(s).			

4	4. ADDITIONAL INFORMATION
	5. ASSISTANCE IN PREPARING STATEMENT

STATEMENT OF ULTIMATE CONSIGNEE AND PURCHASER
 We certify that all of the facts contained in this statement are true and correct to the best of our knowledge and we do not know of any additional facts which are inconsistent with the above statement. We shall promptly send a supplemental statement to the U.S. Exporter, disclosing any change of facts or intentions set forth in this statement which occurs after the statement has been prepared and forwarded, except as specifically authorized by the U.S. Export Administration Regulations (15 CFR parts 730-774), or by prior written approval of the Bureau of Industry and Security, we will not reexport, resell, or otherwise dispose of any items approved on a license supported by this statement (1) to any country not approved for export as brought to our attention by means of a bill of lading, commercial invoice, or any other means, or(2) to any person if we know that it will result directly or indirectly, in disposition of the items contrary to the representations made in this statement or contrary to Export Administration Regulations.

6	6. SIGNATURE OF OFFICIAL OF ULTIMATE CONSIGNEE	7. NAME OF PURCHASER		7
	NAME OF OFFICIAL	SIGNATURE OF PURCHASER		
	TITLE OF OFFICIAL	NAME OF OFFICIAL		
	DATE (mm/dd/yyyy)	TITLE OF OFFICIAL		
	CERTIFICATION FOR USE OF U.S. EXPORTER - We certify that no corrections, additions, or alterations were made on this form by us after the form was signed by the (ultimate consignee)(purchaser).	DATE (mm/dd/yyyy)		
8. NAME OF EXPORTER	SIGNATURE OF PERSON AUTHORIZED TO CERTIFY FOR EXPORTER			
NAME OF PERSON SIGNING THIS DOCUMENT	TITLE OF PERSON SIGNING THIS DOCUMENT	DATE (mm/dd/yyyy)		

We acknowledge that the making of any false statements or concealment of any material fact in connection with this statement may result in imprisonment or fine, or both and denial, in whole or in part, of participation in U.S. exports and reexports.

Public reporting burden for this collection of information is estimated to average 15 minutes per response plus one minute for recordkeeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director of Administration, Room 3889, Bureau of Industry and Security, U.S. Department of Commerce, Washington, DC 20230, and to the Office of Management and Budget Paperwork Reduction Project (0694-0021, 0694-0093), Washington, D.C. 20503. Notwithstanding any other provision of law, no person is obligated to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number.