



UNIVERSITY OF WISCONSIN – MILWAUKEE

EXPORT CONTROL ASSESSMENT FORM

PROJECT IDENTIFICATION

MIL / Project #:	PI / PM:	Sponsor:
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Project Title:

****** This form shall be completed and signed (see p. 2) by the Principal Investigator ******

EXPORT CONTROL ASSESSMENT

TOPIC	RESPONSE
Export Controlled Technology	
Q1) Public Domain – Will this project use or create information that is not or will not be shared publicly? Answer “No” for patient-related information or data (i.e., HIPAA).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q2) Publication Restriction – Does the award documentation include a publication restriction that could limit your ability to publish your research?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q3) Personnel Restriction – Does the award documentation include a personnel restriction that limits your ability to hire foreign nationals to work on the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q4) NDA – Does this project require a non-disclosure agreement to share items, software, information or data that could limit your ability to publish some or all of your research?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q5) Encryption Software – Do you plan to share or use UW developed or non-commercial encryption software (including travel abroad with it)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q6) WMDs – Does the project involve the design, production or use of nuclear, chemical or biological weapons (WMDs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q7) ITAR – Does this project include items, software, information or data controlled under the International Traffic in Arms Regulations (ITAR) that are military- weapon-, spacecraft-, satellite or rocket-related?	<input type="checkbox"/> Yes List the USML Category: _____ <input type="checkbox"/> No
Q8) EAR – Does this project include items, software, information or data on the Commerce Control List (CCL) of the Export Administration Regulations (EAR)?	<input type="checkbox"/> Yes List the CCL Classification: _____ <input type="checkbox"/> No
Export / Deemed Export	
Q9) Foreign Participation – Will foreign persons or students participate in this research as sponsors, collaborators or staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q10) Travel – Does this project require you or your staff to travel internationally?	<input type="checkbox"/> Yes; Name of Country: _____ <input type="checkbox"/> No
Q11) Shipping – Are you planning on shipping any items, software, information or data out-of-the-country as part of this project?	<input type="checkbox"/> Yes; Name of Country: _____ <input type="checkbox"/> No
Restricted Party Screening	
<i>The U.S. government generates lists of persons and organizations with which we are not to have transactions (restricted parties). Please answer the following questions to determine whether a restricted party screening needs to be completed for your project.</i>	
Q12) Sponsor – Is the project sponsored by a foreign organization? If Yes, please note the name of Organization: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q13) Subawards – Does this project include subawards to foreign organizations or persons? If Yes, note name of Organization/Person: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q14) Purchasing – Do you plan to purchase, acquire or control movement of any equipment, materials or software from a foreign source for this project? If Yes, note: Name of Organization/Person: _____ Name of Country: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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SIGNATURES

Assessment Authorization:

The above assessment is complete and correct to the best of my knowledge. If an export license is required, I will ensure that no export or deemed export of the controlled item or technology shall occur prior to receiving that export license.

Date: _____

Signature – Principal Investigator

<Completed by the Office of Research>

EXPORT LICENSE DETERMINATION

Export License or Technology Control Plan required for project? Yes No

Comments / Rationale:

Assessment Review:

The above assessment and restricted party screening (if applicable) are complete.

Date: _____

Signature – Office of Research