



EXPORT CONTROL CERTIFICATION

To be completed by departments interested in hosting J1 Exchange Visitors, H-1B, O-1 and TN Employees

Employee/Visiting Scholar Name: _____

Country of Origin: _____ **Type of Visa:** _____

Entity Affiliation: _____

Statement of Affirmation

By signing this certification, I confirm that I have reviewed the United States Munitions List (as codified at [22 CFR 121](#)) and the Commerce Control List (as codified at [15 CFR 774](#), Categories 0 through 9) and believe that the topics and issues that the Employee or Visiting Scholar will be working on and exposed to at the University of Delaware:

- are** included among the designated articles and/or services controlled by the [International Traffic in Arms Regulations \(ITAR\)](#) and/or the [Export Administration Regulations \(EAR\)](#)
- are not** included among the designated articles and/or services controlled by the [International Traffic in Arms Regulations \(ITAR\)](#) and/or the [Export Administration Regulations \(EAR\)](#)

For more information on export controls, please visit the following websites: [Center for Global Programs & Services](#) and [Research & Regulatory Affairs](#).

Source of Funding

This proposed individual will be funded by: _____

Award or Proposal Number (if applicable): _____

Sponsor Agency, Personal Funds or University Source of funding: _____

Will the individual have access to federal research or work on a federally sponsored program(s)? If yes, provide details for each project including award #, federal sponsor, and role of the visiting scholar:

Should the funding source or work assignment change, I agree to review the U.S. Munitions List and the Commerce Control List again at that time and to notify the Research & Regulatory Affairs Office and the Center for Global Programs & Services should export controls become applicable. I further agree to monitor the U.S. Munitions List and the Commerce Control List on a quarterly basis for changes that may encompass this particular research or the by-products of this research.

Signatures

I hereby certify that the above information is true and correct to the best of my knowledge:

UD PI/Sponsor

Name: _____ Signature: _____ Date: _____

Concurrence of Chairperson(s)

Name: _____ Signature: _____ Date: _____

Concurrence of College Dean's Office(s)

Name: _____ Signature: _____ Date: _____

Acceptance by Empowered Official

Name: _____ Signature: _____ Date: _____