

This document provides you with the following:

1. Teledyne Optech Broker
2. Instructions on completing the online FedEx request
3. List of required shipping documents
4. Sample Commercial Invoice
5. Request for Export Classification Information (Non-U.S. Vendors)
6. Request for Export Classification Information (U.S. Vendors)

Teledyne Optech Incorporated Customs Broker:

Broker's Name: UPS SCS, Inc.

Assigned Team:	UPS SCS
Location:	Toronto, Canada
Account Manager:	Victor Alvia
Primarily OPS	
Name:	Cora Barbour
Email:	upsteamteledyne@ups.com
Telephone:	905-677-6735
Fax:	905-077-2689

Completing the FedEx Request:

Ship via FedEx - **ECONOMY**

FedEx Account #: **1118-9108-7**

1. From [Help](#) [Edit](#)

Melissa Shi, 300 Interchange Way, Vaughan, Ontario, L4K5Z8,
Canada

2. To [Help](#) [Hide](#)

* Country/Location: United States ▼

Company: Select or enter ▼

* Contact name: Select or enter ▼

* Address 1:

Address 2:

* ZIP:

* City: Select or enter ▼

* State: Select ▼

* Phone no.: ext.

Recipient tax ID:

Perform detailed address check

This is a residential address ?

Save new recipient in address book

3. Package & Shipment Details [Help](#) [Hide](#)

* Ship date: 05/04/2018

* No. of packages: 1 ▼

* Weight ? : kgs ▼

Declared Value ? : ~~Canadian Dollars~~ ▼
 Currency Converter

* Service type: Select ▼

* Package type: ----- ▼

* Package contents: Documents Products/Commodities

* Shipment purpose: Commercial ▼

* Total customs value: ~~Canadian Dollars~~ ▼
 Currency Converter

DO NOT ENTER
ANY VALUE
HERE

ENTER THE VALUE
OF THE GOODS
(PO VALUE)

NOTE: for manual FedEx shipping requests **DO NOT** fill in Total Declared Value for Carriage box. Complete the Total Value for Customs (specify currency) box only.

Required Shipping Documentation:

- Test Reports and/or Certificate of Compliance for all items
- 6 Copies of Commercial Invoices on package for Customs, ATTN: UPS SCS, Inc.
- Detailed Packing List
- 1 copy of commercial invoice and detailed packing list inside the shipping box/case
- NAFTA Certificate (where applicable)
- Commercial Invoice (sample attached)
- Number of boxes in shipment, including weights and dimensions for each box
- Harmonized Tariff Classification
- Description of Goods/General Commodity
- Value of each item, total value and currency matched with PO item by item.
Reference PO #.
- Country of origin by line item

Attachment A

Commercial Invoice

1) One CI contains mixed POs

Listing items in the way of separated by their PO# (a sample format is attached)

<u>Item</u>	<u>Qty</u>	<u>Description</u>	<u>Amount in USD \$</u>
PO# xxxxxx			
1	xx	description of goods – unit value xxx S/N: xxx Country of manufacture: xxx HS Tariff Code: xxx	total value xxx
2	xx	description of goods – unit value xxx S/N: xxx Country of manufacture: xxx HS Tariff Code: xxx	total value xxx
PO# #####			
3	xx	description of goods – unit value xxx S/N: xxx Country of manufacture: xxx HS Tariff Code: xxx	total value xxx
4	xx	description of goods – unit value xxx S/N: xxx Country of manufacture: xxx HS Tariff Code: xx	total value xxx
Total value of the shipment:			total xxxxxx

2) Value requirement

- Purchased Order: CI value should match BaaN PO# value
- Vendor's RMA goods return after warranty repair
 - Value of the goods
 - Cost of warranty repair/service
- Vendor's RMA goods return after non-warranty repair
 - Value of the goods
 - Value of the non-warranty repair (value should match Optech PO# value)

Request for Export Trade Compliance Information for Purchased Parts (Non-U.S. Vendors)



In order to comply with all applicable export control laws and regulations, Teledyne requires certain information about the product(s) we purchase from your company. **Please have this form completed by an Export Compliance representative and return it within 5 business days.** If you have any questions regarding the completion of this form, please contact the Teledyne representative listed at the bottom of this form.

Supplier / Manufacturer Contact Information	
Name of Supplier/Manufacturer:	
Contact Name:	
Email Address & Telephone #:	

Item Information (if necessary, use a continuation sheet)	
Part Number:	
Description:	
Teledyne Part Number (if known):	

Is the Item Subject to Your Country's National Export Control Regulations?					
Country of Jurisdiction:					
Dual-Use Item?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, provide Control List Number:
Military Item?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, provide Control List Number:
Harmonized Tariff #:					
Country of Origin:					

Is the Item eligible for duty-free treatment under a Trade Preference Program (such as NAFTA)?	
Yes	<input type="checkbox"/> No <input type="checkbox"/>
If yes, identify the Program:	
If eligible, please provide a certificate to confirm status of the Item.	

Is the Item Subject to U.S. Export Regulations?				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, please indicate the Export Classification:

I hereby certify that the information provided herein is accurate and complete.

Signature:	_____	Date:	_____
Printed Name:	_____	Title:	_____
Company Name:	_____		

PLEASE RETURN COMPLETED FORM TO:

ATTENTION: [insert name]
Teledyne [insert business unit name]
FAX: [insert]
EMAIL: [insert]

Continuation Sheet

Part Number:					
Description:					
Teledyne Part Number (if known):					
Country of Jurisdiction:					
Dual-Use Item?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, provide Control List Number:
Military Item?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, provide Control List Number:
Harmonized Tariff #:					
Country of Origin:					
Trade Preference Program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, identify the Program: A certificate to confirm status of the Item is required.
Is the item subject to U.S. Export Regulations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, please provide the export classification:

Part Number:					
Description:					
Teledyne Part Number (if known):					
Country of Jurisdiction:					
Dual-Use Item?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, provide Control List Number:
Military Item?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, provide Control List Number:
Harmonized Tariff #:					
Country of Origin:					
Trade Preference Program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, identify the Program: A certificate to confirm status of the Item is required.
Is the item subject to U.S. Export Regulations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, please provide the export classification:

Part Number:					
Description:					
Teledyne Part Number (if known):					
Country of Jurisdiction:					
Dual-Use Item?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, provide Control List Number:
Military Item?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, provide Control List Number:
Harmonized Tariff #:					
Country of Origin:					
Trade Preference Program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, identify the Program: A certificate to confirm status of the Item is required.
Is the item subject to U.S. Export Regulations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, please provide the export classification:

Request for Export Trade Compliance Information for Purchased Parts



In order to comply with all applicable export control laws and regulations, Teledyne requires certain information about the product(s) we purchase from your company. Please have this form completed by an Export Compliance representative and return it within 5 business days. If you have any questions regarding the completion of this form, please contact the Teledyne representative listed at the bottom of this form.

Section 1: Supplier / Manufacturer Contact Information

Name of Supplier/Manufacturer:	
Contact Name:	
Email Address & Telephone #:	

Section 2: Product / Item

Part Number:	
Description:	
Teledyne Part Number (if known):	

Please use the attached continuation sheet for additional products.

Section 3: Export Trade Compliance Information for Product/Item Listed in Section 2

<input type="checkbox"/>	Department of Commerce/BIS Controls commercial, dual-use and certain military/space goods covered by the Commerce Control List ("CCL").	<input type="checkbox"/>	Department of State/DDTC* Controls defense articles covered by the U.S. Munitions List ("USML") and <u>not</u> the CCL.
ECCN:		USML Category:	
Schedule B or HTS #:		Schedule B or HTS #:	
Country of Origin:		Country of Origin:	
Is the Item eligible for duty-free treatment under a Trade Preference Program (such as NAFTA)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, identify the Program:			
If eligible, please provide a certificate to confirm status of the Item.			

Section 4: *DDTC Registration (only applies if Department of State/DDTC box is checked above.)

Supplier/Manufacturer confirms that it is currently registered with DDTC pursuant to Part 122 of the International Traffic in Arms Regulations ("ITAR").				
If Yes, please provide us with a copy of your DDTC registration.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Company Name: _____

PLEASE RETURN COMPLETED FORM TO:

ATTENTION: [insert name]
Teledyne [insert business unit name]
FAX: [insert]
EMAIL: [insert]

Continuation Sheet

Part Number:			
Description:			
Teledyne Part Number (if known):			
<input type="checkbox"/>	Department of Commerce/BIS Controls commercial, dual-use and certain military/space goods covered by the Commerce Control List ("CCL").	<input type="checkbox"/>	Department of State/DDTC* Controls defense articles covered by the U.S. Munitions List ("USML") and <u>not</u> the CCL.
ECCN:		USML Category:	
Schedule B or HTS #:		Schedule B or HTS #:	
Country of Origin:		Country of Origin:	
Is the Item eligible for duty-free treatment under a Trade Preference Program (such as NAFTA)?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, identify the Program:			
If eligible, please provide a certificate to confirm status of the Item.			

Part Number:			
Description:			
Teledyne Part Number (if known):			
<input type="checkbox"/>	Department of Commerce/BIS Controls commercial, dual-use and certain military/space goods covered by the Commerce Control List ("CCL").	<input type="checkbox"/>	Department of State/DDTC* Controls defense articles covered by the U.S. Munitions List ("USML") and <u>not</u> the CCL.
ECCN:		USML Category:	
Schedule B or HTS #:		Schedule B or HTS #:	
Country of Origin:		Country of Origin:	
Is the Item eligible for duty-free treatment under a Trade Preference Program (such as NAFTA)?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, identify the Program:			
If eligible, please provide a certificate to confirm status of the Item.			

Part Number:			
Description:			
Teledyne Part Number (if known):			
<input type="checkbox"/>	Department of Commerce/BIS Controls commercial, dual-use and certain military/space goods covered by the Commerce Control List ("CCL").	<input type="checkbox"/>	Department of State/DDTC* Controls defense articles covered by the U.S. Munitions List ("USML") and <u>not</u> the CCL.

ECCN:		USML Category:	
Schedule B or HTS #:		Schedule B or HTS #:	
Country of Origin:		Country of Origin:	
Is the Item eligible for duty-free treatment under a Trade Preference Program (such as NAFTA)?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, identify the Program:			
If eligible, please provide a certificate to confirm status of the Item.			