



Office of Research Integrity and Assurance

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International Shipping Consultation Form

Members of the George Mason University community are required to comply with the U.S. laws that regulate the transfer of items, software, information, and technology (including programs and data saved or installed on them) to destinations outside of the United States. Please check the appropriate answers, complete all blanks, and submit the form to the Office of Research Integrity & Assurance (ORIA) at export@gmu.edu so that ORIA can determine whether an export license is required. If you need help completing the form, just reach out to us at the same email, and we will be happy to discuss your situation.

- 1. A description of the equipment I am exporting is:
2. The equipment part number is:
3. The equipment manufacturer is:
4. The equipment is being exported to the following country:
5. The name of the person receiving the equipment is:
6. The recipient's affiliated organization and address are:
7. The recipient and affiliated organization have been screened.
8. The recipient will use the equipment for this purpose:
9. The equipment will return to the US:
10. I have contacted the manufacturer to request the Export Control Classification Number (ECCN)/USML Category for the equipment:

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in export control and/or sanctions violations punishable by criminal or civil penalties. If any of the responses to these questions change, I will contact ORIA.

Signature: Printed Name: Date:
Use Digital Signature (or hand-sign, print name, date and send pdf to ORIA at export@gmu.edu)

For ORIA use only

The Export Control Classification Number (ECCN)/USML Category for the equipment is:
The export is authorized under the following license or license exception/exemption:

The recipient and affiliated organization have been screened. Yes No

ORIA signature: Printed Name: Date: