

About FAS

	🏠 то	opics	Commodities & Products	Countries & Regions	Data & Analysis	Programs	News
	You are here: Home Programs	Export Cr	edit Guarantee Program (GSM-102)				
Qı	ualificat	tion A	Application for	CCC Export C	Credit Guar	antee Pro	ograr
	s marked with an	303	are required				
Prog	ram Applying Fo	or:					
	* Please check		**************************************				
	 Applying for 1493.420, 	or the CCC eligibility cr	GSM-102 Export Credit Guarante iteria for participation.	e Program and Facility Guarant	ee Program in accordance	e with 7 C.F.R. Secti	on 1493.30
	☐ Applying fo	or the CCC	Facility Guarantee Program (FGP) in accordance with 7 C.F.R. S	ection 1493.220, eligibility	criteria for participa	tion.
	Name and Ad	dress of A	pplicant's U.S. Office				
	* Company Nar	me:					
	* Street Addres			P.O. Box:			
	* City:		* State:				
	* Zip (Postal) C	ode:]-[
	* Telephone:	###-#	##-#### Fax: #	////-////////////////////////////////			
	* E-Mail:		L				
	* Contact Name						
1.	* Select One:		siness				
	Name and Add	dress of A	pplicant's Headquarters Office (to be completed only if differe	ant from above)		
				to be completed only if differen			
	Company Name						
	Street Address:			P.O. Box:			
	City: Zip Code:		State:				
	(Postal Code):	<u> </u>					
	Country Name:			<u> </u>			
	Telephone:	###-###	#### (if United States) Fax: ##	#-###-#### (if United States)			
2.		-					
	Name and Add	dress of U.	S. Agent for the Service of Proc	cess (to be completed only if E	Exporter has no U.S. offi	ice)	
						•	
	Name:						
	Street Address:		State:	P.O. Box:			
	City: Zip Code:			V			
	(Postal Code)						
	Telephone:	###-###-#	Fax: ###-##	/#-####			
	E-Mail:						
	Contact Name:						
3.							

Number (Site specific): * Tax ID Number:	Registered (please select a U	.S. State if country is the Un	ited States)			
Country of Incorporation Where Legally F * Country Name: Required Exporter Information Business Web Site: * Dun & Bradstreet (DUNS) Number (Site specific): * Tax ID Number:		2006 	ited States)			
* Country Name: Required Exporter Information Business Web Site: * Dun & Bradstreet (DUNS) Number (Site specific): * Tax ID Number:		2006 	ited States)			
Required Exporter Information Business Web Site: * Dun & Bradstreet (DUNS) Number (Site specific): * Tax ID Number:	U.S. State:	V				
Business Web Site: * Dun & Bradstreet (DUNS) Number (Site specific): * Tax ID Number:						
* Dun & Bradstreet (DUNS) Number (Site specific): * Tax ID Number:						
Number (Site specific): * Tax ID Number:						
* Tax ID Number:	##-###					
L- 41 15 1 - 11 11	###	7				
Is the applicant a "small or medium		_				
enterprise" (SME)? An SME is an enterprise, as described by the U.S. Census Bureau, with 500 or fewer employees. For the U.S. Census Bureau's definition of an enterprise, visit their web site:	Yes					
List any related companies			_			
(i.e. affiliates, subsidiaries, or companies otherwise related						
through common ownership) currently qualified to participate n CCC export programs:			V			
Nature of applicant's business						
(i.e. agricultural producer, commodity trader, consulting firm, etc.):			Û			
FGP Applicants:			***************************************			
Explanation of the applicant's experience/history with agricultural						
commodities or products for the preceding three years,						
including a description of the commodities:			~			
GSM-102 Applicants: Explanation of the applicant's						
experience/history with exporting						
ncluding the number of years						
nvolved in exporting, types of products exported and						
destination of exports for the preceding three years:			~			
Certification Statements						
Please make one of the following certification						
 "I certify that the above named applicant." 		Government programs, conti	racts or agreements	during the past		
 "I certify that the above named applicant. 						
* Please describe prior participation:						
		^				
		~				
* Applicant must certify to the following stater	ant/a) by palastine the block					

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7.	(This form must be submitte	d by an "officer" of the Com	pany making application	. Please also fax a c	opy of your Articles of Incorporation to (202) 72
			Submit	Clear	
HUHHD	ording to the Paperwork Reduction Ac ther. The valid OMB control number for reviewing instructions, searching exist	or this information collection is U5	51-0004. The time required to	complete this information	and to, a collection of information unless it displays a val in is estimated to average 30 minutes per response, incl wing the collection of information.