CITIZENSHIP VERIFICATION FORM

**THIS INFORMATION IS REQUESTED FOR PURPOSES OF ENSURING COMPLIANCE BY PCB WITH APPLICABLE EXPORT CONTROL LAWS.** This information can be accessed only by authorized personnel of PCB and may only be used as permitted by PCB and its policies. Any unauthorized use or disclosure of this communication or the information provided herein is prohibited. Contractual restrictions may apply to third parties.

|  |  |
| --- | --- |
| Company Name |  |
| Full Name of Individual Visitor |  |
| Date of Birth |  |
| Place of Birth (City/State/Country) |  |
| U.S. Citizen? (Yes or No) |  |
| Green Card Holder? (Yes or No) |  |
| Specify method used to Verify Citizenship (Birth Certificate, Passport, Certificate of Naturalization or Certificate of Birth Abroad) |  |
| SSN (Last 4 only) |  |
|  |  |
| Full Name of Individual Visitor |  |
| Date of Birth |  |
| Place of Birth (City/State/Country) |  |
| U.S. Citizen? (Yes or No) |  |
| Green Card Holder? (Yes or No) |  |
| Specify method used to Verify Citizenship (Birth Certificate, Passport, Certificate of Naturalization or Certificate of Birth Abroad) |  |
| SSN (Last 4 only) |  |

Attach additional pages for additional visitors.

By signing this request, I certify that the above-referenced information is true, correct and complete. I further certify that there is no adverse conduct known to our company, relevant to this/these individual(s), which has not been disclosed to PCB Piezotronics Export Control Manager in writing.

Printed Name Officer of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_