



**CONTINUED DUMPING AND SUBSIDY OFFSET ACT OF 2000 FORM**

**CLAIMANT'S INFORMATION**

1. Claimant's Name: \_\_\_\_\_  
*(If person's name, enter Last Name, First Name, Middle Initials. If applicable, enter as it appears on USITC List or Association Membership List.)*

2. Mailing Address: \_\_\_\_\_

3. Address 2: \_\_\_\_\_

4. City: \_\_\_\_\_ 5. State: \_\_\_\_\_ 6. Zip/Postal Code: \_\_\_\_\_

Check here if Mailing Address is a PO Box. *(Street Address is required when Mailing Address is a PO Box)*

7. Street Address: \_\_\_\_\_

8. Address 2: \_\_\_\_\_

9. City: \_\_\_\_\_ 10. State: \_\_\_\_\_ 11. Zip/Postal Code: \_\_\_\_\_

12. Business Type *(select one)*:

Sole Proprietorship

Partnership

Corporation

13. Number Type *(select one and enter number below)*:

Social Security Number

Employee Identification Number

Federal Tax Identification Number

Enter Number: \_\_\_\_\_

**CONTACT INFORMATION: PRIMARY CONTACT FOR ALL CERTIFICATION RELATED INQUIRIES**

14. Contact Person: \_\_\_\_\_ 15. Contact Email: \_\_\_\_\_

16. Contact Phone: \_\_\_\_\_ 17. Contact Fax: \_\_\_\_\_

Check here if Contact Person's Address is Different From Claimant's Mailing Address

18. Address: \_\_\_\_\_

19. Address 2: \_\_\_\_\_

20. City: \_\_\_\_\_ 21. State: \_\_\_\_\_ 22. ZIP/Postal Code: \_\_\_\_\_

FEDERAL REGISTER NOTICE INFORMATION

23. Date of Federal Register Notice: 5/31/2024

24. Are you claiming a CDSOA distribution as a successor company? (See 19 C.F.R. 159.61(b)(i))  Yes  No

If yes, please provide the name of the company and the date of the succession:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

25. Are you an association, coalition, or cooperative that appears on the USITC list and files on behalf of your members? (See 19 C.F.R. 159.61(b)(ii))  Yes  No

If yes, please provide Power of Attorney within 10 days of filing certification. Please mail Power of Attorney to the following address:

**U.S. Customs and Border Protection  
Office of Finance, Revenue Division  
Attn: CDSOA Team  
8899 E. 56th Street  
Indianapolis, IN 46249**

26. Are you filing as a member of an association, coalition, or cooperative that appears on the USITC list?  Yes  No

If yes, please provide name of organization and the date you became a member:

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

27. Start Date of Qualifying Expenditures: 02/01/2005

28. End Date of Qualifying Expenditures: 10/01/2007

PREVIOUSLY CERTIFIED QUALIFYING EXPENDITURES FOR ALL FILING YEARS

- 29. Manufacturing Facilities: \_\_\_\_\_
- 30. Equipment: \_\_\_\_\_
- 31. Research and Development: \_\_\_\_\_
- 32. Personnel Training: \_\_\_\_\_
- 33. Acquisition of Technology: \_\_\_\_\_
- 34. Health Care Benefits for Employees Paid for by the Employer: \_\_\_\_\_
- 35. Pension Benefits for Employees Paid for by the Employer: \_\_\_\_\_
- 36. Environmental Equipment, Training, or Technology: \_\_\_\_\_
- 37. Acquisition of Raw Materials and Other Inputs: \_\_\_\_\_
- 38. Working Capital or Other Funds Needed to Maintain Production: \_\_\_\_\_
- 39. Total Amount of Qualifying Expenditures Previously Certified: \_\_\_\_\_





## STATEMENT OF ELIGIBILITY

For Items 42-44, enter Claimant's Name as it appears on USITC List or Association Membership List.

42. \_\_\_\_\_ desires to receive a distribution and is eligible to receive a distribution as an affected domestic producer. I affirm that the net amount certified for distribution does not encompass any qualifying expenditures for which distributions previously have been made.
43. \_\_\_\_\_ remains in operation and continues to produce the product covered by the particular order or finding under which the distribution is sought.
44. \_\_\_\_\_ has not been acquired by a company that opposed the investigation or acquired by a business related to a company that opposed the investigation.

## CERTIFICATION

The information contained in this certification is true and accurate to the best of the knowledge and belief, under penalty of law, of the claimant and the claimant has records to support the qualifying expenditures being claimed.

45. \_\_\_\_\_ 46. 05/31/2024  
*(Name of Person(s) Legally Authorized to Bind Producer)* *(Date)*
47. \_\_\_\_\_  
*(Signature of Person(s) Legally Authorized to Bind Producer)*
48. \_\_\_\_\_  
*(Title of Person(s) Legally Authorized to Bind Producer)*

49. By submitting this certification, the certifier, \_\_\_\_\_, states that they are legally authorized to bind the producer and that information contained in the certification is true and accurate to the best of the certifier's knowledge and belief under penalty of law and the domestic producer has records to support the qualifying expenditures being claimed.

## PRIVACY ACT STATEMENT

This statement is provided pursuant to the Privacy Act of 1974 (P.L. 93-579) for individuals seeking distributions under the Continued Dumping and Subsidy Offset Act of 2000 (19 U.S.C. § 1675c, as amended). The requested information is collected under the authority of 19 U.S.C. 1675c. The information collected on this form will be used by CBP to determine a claimant's eligibility for a distribution under the Continued Dumping and Subsidy Offset Act of 2000. Furnishing the information on this form is voluntary, however, failure to provide all requested information may result in denial of your certification. The name of the claimant, the total dollar amount claimed by that party on the certification, as well as the total dollar amount that CBP actually disburses to that claimant as an offset, will be available for disclosure to the public, as specified in 19 C.F.R. § 159.63. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a social security number or tax identification number.

## PAPERWORK REDUCTION ACT STATEMENT

We estimate this form will take an average of 1 hour to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to CBP Office of Finance Revenue Division. The OMB number, 1651-0086, is currently valid. CBP may not collect this information, and you are not required to respond, unless this number is displayed. Obligation to respond is required to obtain benefits. If you have any comments regarding the burden estimate you can write to: U.S. Customs and Border Protection, Office of Regulations and Rulings, 90 K Street NE, Washington DC 20002.

## PAY.GOV INSTRUCTIONS

During the self-enrollment process, a person who is legally authorized to bind the producer must create the Pay.gov account. This is crucial because the name of the user will automatically generate as a signature at the end of the certification.

The online CDSOA certification consists of several pages. Each page must be completed in its entirety before continuing to the next page. If filing on more than one case, all cases with the same qualifying expenditures can be listed on the same form and submitted only once. After acknowledging that all the information is true and accurate, the "Submit" button must be selected. Failure to select the "Submit" button could result in the loss of information and non-receipt of the certification. After the form has been submitted electronically, claimants will receive an email confirmation containing a tracking number. The tracking number will also be shown in the My Forms section. This number will allow claimants to view the status of the claim. If the form is submitted properly the "Form Status" will state "Accepted." This only means that the form has been submitted properly not that the claim has been verified for accuracy by CBP.

\*Please note that the session will expire after it has remained idle for a total of 30 minutes, which could result in possible data loss. If more time is needed to complete the certification, select "Request More Time" and the time will be reset to 30 minutes.

To view and/or print a completed certification select, "View PDF," under My Forms. To view, print or duplicate a certification while logged out; please complete the following steps. Log in, go to My Forms, select the Submitted tab, and locate the form to view, print, or duplicate.

While navigating through the form, please avoid using the Enter key and the browser's Back button. Using these keys could result in incomplete data being transmitted, pages being loaded incorrectly, and/or the user being logged out of the form. Please use the form's navigation buttons wherever possible.

All certifications not submitted electronically should be addressed to:

**U.S. Customs and Border Protection  
Office of Finance, Revenue Division  
Attn: CDSOA Team  
8899 E. 56th Street  
Indianapolis, IN 46249**