DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB CONTROL NUMBER: 1651-0086
EXPIRATION DATE: 04/30/2025

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 INJURIES

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: _____

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:

Assistant Commissioner
Office of Administration
U.S. Customs and Border Protection
Revenue Division
Attn: Melissa Edwards
6650 Telecom Drive,
Indianapolis, IN 46278

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: _____

28. End Date of Qualifying Expenditures: _____

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: _____

COMMERCE CASE INFORMATION

40. Total Amount of Qualifying Expenditures Previously Certified *(from Item 39 on page 2)*: _____

41. List Case Information for all of the Cases with the Same Qualifying Expenditures

Formula for Net Amount = *(Total Amount of Qualifying Expenditures Previously Certified - Prior Year Distributions)*

Commerce Case Number	Commerce Case Name (Product/Country)	Total Amount of Prior Distributions per Case	Net Amount of Qualifying Expenditures

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. _____
(Name of Person(s) Legally Authorized to Bind Producer)

46. _____
(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 Administration 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 username and password. This is crucial because the name of the user will automatically generate as a signature at the end of the certification.

The CDSOA certification consists of four pages. Each page must be completed in its entirety before continuing on to the next page. After acknowledging that all the information is true and accurate, the "Submit Data" button must then be selected. Failure to select the "Submit Data" button could result in the loss of information and non-receipt of the certification. After the certification has been submitted electronically, claimants will be given a tracking number in the User Center section. This number will allow claimants to view the status of the certification. If the certification is submitted properly the "Form Status" will state "Accepted." This only means that the certification has been submitted properly not that the certification 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.

If filing on more than one case, a duplicate copy of a submitted certification can be made. Therefore, appropriate form adjustments can be completed without having to start the process again. After selecting the "Submit Data" button and the form has been accepted, click "Duplicate" under Form Actions.

To view and/or print a completed certification, select "View PDF," which is also under Form Actions. To view, print or duplicate a certification while logged out; please complete the following steps. Log in, locate the Forms box under Forms List and select "Submitted Forms."

If, during the completion process of the certification, help is needed in understanding a question, simply place the cursor over the answer box. By doing so, a small text box will appear providing a brief explanation of the information that should be entered.

While navigating through the certification, 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:

Assistant Commissioner
Office of Administration
U.S. Customs and Border Protection
Revenue Division
Attn: Melissa Edwards
6650 Telecom Drive,
Indianapolis, IN 46278