

Restricted Goods Screening Checklist

Company/Organization Name:

Date:

Prepared by:

Screening Checklist

#	Screening Question	Yes	No	Comments
1	Is the item listed under any restricted or controlled goods category?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2	Does the item require an export/import license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3	Is the item subject to any international sanctions or embargoes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4	Is the buyer or end-user on any restricted or denied party list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5	Is there any suspicion that goods may be used for military or dual use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6	Are there any known restrictions on the shipping route or destination country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Notes

Signature:

Date: