

U.S. PRODUCERS' QUESTIONNAIRE

PRODUCT FROM COUNTRY

This questionnaire must be received by the Commission by no later than **INSERT DATE**

See page 4 of the Instruction Booklet for filing instructions.

The information called for in this questionnaire is for use by the United States International Trade Commission in connection with its countervailing duty/antidumping investigation(s) concerning **PRODUCT** from **COUNTRY** (Inv. No. **701/731-TA-xxx (Preliminary/Final)**). The information requested in the questionnaire is requested under the authority of the Tariff Act of 1930, title VII. This report is mandatory and failure to reply as directed can result in a subpoena or other order to compel the submission of records or information in your possession (19 U.S.C. § 1333(a)).

Name of firm _____
Address _____
City _____ State _____ Zip Code _____
World Wide Web address _____
Has your firm produced PRODUCT (as defined in the instruction booklet) at any time since January 1, 2010?
<input type="checkbox"/> NO (Sign the certification below and promptly return only this page of the questionnaire to the Commission)
<input type="checkbox"/> YES (Read the instruction booklet carefully, complete all parts of the questionnaire, and return the entire questionnaire to the Commission so as to be received by the date indicated above)
Return questionnaire via the U.S. International Trade Commission Drop Box by clicking on the following link: https://dropbox.usitc.gov/oinv/. (use the following PIN: XXXX)

CERTIFICATION

I certify that the information herein supplied in response to this questionnaire is complete and correct to the best of my knowledge and belief and understand that the information submitted is subject to audit and verification by the Commission.

By means of this certification I also grant consent for the Commission, and its employees and contract personnel, to use the information provided in this questionnaire and throughout this proceeding in any other import-injury proceedings conducted by the Commission on the same or similar merchandise.

I acknowledge that information submitted in this questionnaire response and throughout this proceeding may be used by the Commission, its employees, and contract personnel who are acting in the capacity of Commission employees, for developing or maintaining the records of this proceeding or related proceedings for which this information is submitted, or in internal audits and proceedings relating to the programs and operations of the Commission pursuant to 5 U.S.C. Appendix 3. I understand that all contract personnel will sign non-disclosure agreements.

_____ <i>Name of Authorized Official</i>	_____ <i>Title of Authorized Official</i>	_____ <i>Date</i>
_____ <i>Signature</i>	_____ <i>Phone:</i>	_____ <i>Email address</i>
	_____ <i>Fax:</i>	

PART I.—GENERAL INFORMATION

The questions in this questionnaire have been reviewed with market participants to ensure that issues of concern are adequately addressed and that data requests are sufficient, meaningful, and as limited as possible. Public reporting burden for this questionnaire is estimated to average 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the questionnaire. Send comments regarding the accuracy of this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Office of Investigations, U.S. International Trade Commission, 500 E Street, SW, Washington, DC 20436.

I-1a. **OMB statistics**.--Please report below the actual number of hours required and the cost to your firm of preparing the reply to this questionnaire and completing the form.

_____hours _____dollars

I-1b. **OMB feedback**.--We are interested in any comments you may have for improving this questionnaire in general or the clarity of specific questions. Please attach such comments to your response or send them to the above address.

I-2. **Establishments covered**.--Provide the name and address of establishment(s) covered by this questionnaire (see page 3 of the instruction booklet for reporting guidelines). If your firm is publicly traded, please specify the stock exchange and trading symbol.

I-3. **Petition support**.--Do you support or oppose the petition?

Support Oppose Take no position

PART I.--GENERAL INFORMATION--Continued

I-4. **Ownership.**--Is your firm owned, in whole or in part, by any other firm?

No Yes--List the following information.

<u>Firm name</u>	<u>Address</u>	<u>Extent of ownership</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I-5. **Related importers/exporters.**--Does your firm have any related firms, either domestic or foreign, that are engaged in importing **PRODUCT** from **COUNTRY** into the United States or that are engaged in exporting **PRODUCT** from **COUNTRY** to the United States?

No Yes--List the following information.

<u>Firm name</u>	<u>Address</u>	<u>Affiliation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I-6. **Related producers.**--Does your firm have any related firms, either domestic or foreign, that are engaged in the production of **PRODUCT**?

No Yes--List the following information.

<u>Firm name</u>	<u>Address</u>	<u>Affiliation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART II.--TRADE AND RELATED INFORMATION

Further information on this part of the questionnaire can be obtained from **INVESTIGATOR** (202-xxx-xxxx, NAME@usitc.gov). **Supply all data requested on a calendar-year basis.**

II-1. **Contact information.**-- Please identify the responsible individual and the manner by which Commission staff may contact that individual regarding the confidential information submitted in part II.

Name	
Title	
Email	
Telephone	
Fax	

II-2. **Changes in operations.**--Please indicate whether your firm has experienced any of the following changes in relation to the production of **PRODUCT** since January 1, 2009.

- (check as many as appropriate) (please describe)
- plant openings _____

 - plant closings..... _____

 - relocations _____

 - expansions..... _____

 - acquisitions..... _____

 - consolidations..... _____

 - prolonged shutdowns or
production curtailments..... _____

 - revised labor agreements..... _____

 - other (e.g., technology) _____

PART II.--TRADE AND RELATED INFORMATION--Continued

II-3. **Same equipment, machinery, and workers.**--Has your firm since 2009 produced, or does your firm anticipate producing in the future, other products on the same equipment and machinery used in the production of **PRODUCT** and/or using the same production and related workers employed to produce **PRODUCT**?

- No Yes--List the following information and report your firm's combined production capacity and production of these products and **PRODUCT** in the periods indicated.

<u>Product</u>	<u>Period</u>	<u>Basis for allocation of capacity and employment data (indicate if different)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Quantity in SPECIFY UNITS)					
Item	Calendar years			January-March	
	2010	2011	2012	2012	2013
Overall Production Capacity					
Production of: Subject merchandise					
Other product 1: _____					
Other product 2: _____					

II-4. **Production constraints and product shifting.**--Please describe the constraint(s) that set the limit(s) on your production capacity and your ability to shift production capacity between products.

II-5. **Tolling.**--Since January 1, 2010, has your firm been involved in a toll agreement (see definition in the instruction booklet) regarding the production of **PRODUCT**?

- No Yes--Name firm(s): _____.

II-6. **Foreign trade zone.**--Does your firm produce **PRODUCT** in a foreign trade zone (FTZ)?

- No Yes--Identify FTZ(s): _____.

II-7. **Importer.**--Since January 1, 2010, has your firm imported **PRODUCT**?

- No Yes--**COMPLETE AND RETURN A U.S. IMPORTERS' QUESTIONNAIRE**

PART II.--TRADE AND RELATED INFORMATION--Continued

II-8. **Trade data.**--Report your firm's production capacity, production, shipments, inventories, and employment related to the production of **PRODUCT** in your U.S. establishment(s) during the specified periods. (See definitions in the instruction booklet.)

Quantity (in SPECIFY) and value (in \$1,000)					
Item	Calendar years			January-March	
	2010	2011	2012	2012	2013
Average production capacity ¹ (quantity)					
Beginning-of-period inventories (quantity)					
Production (quantity)					
U.S. shipments:					
Commercial shipments:					
Quantity of commercial shipments					
Value of commercial shipments					
Internal consumption:					
Quantity of internal consumption					
Value ² of internal consumption					
Transfers to related firms:					
Quantity of transfers					
Value ² of transfers					
Export shipments: ³					
Quantity of export shipments					
Value of export shipments					
End-of-period inventories ⁴ (quantity)					
Channels of distribution:					
U.S. shipments to distributors (quantity)					
U.S. shipments to end users (quantity)					
Employment data:					
Average number of PRWs (number)					
Hours worked by PRWs (1,000 hours)					
Wages paid to PRWs (value)					
<p>¹ The production capacity (see definitions in instruction booklet) reported is based on operating ___ hours per week, ___ weeks per year. Please describe the methodology used to calculate production capacity, and explain any changes in reported capacity (use additional pages as necessary).</p> <hr/> <p>² Internal consumption and transfers to related firms must be valued at fair market value. In the event that you use a different basis for valuing these transactions, please specify that basis (e.g., cost, cost plus, etc.) and provide value data using that basis for each of the periods noted above:</p> <hr/> <p>³ Identify your principal export markets: _____.</p> <p>⁴ Reconciliation of data.--Please note that the quantities reported above should reconcile as follows: beginning-of-period inventories, plus production, less total shipments, equals end-of-period inventories. Do the data reported reconcile?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No--Please explain: _____.</p>					

PART II.--TRADE AND RELATED INFORMATION--Continued

II-9. **Related firms.**--If you reported transfers to related firms in question II-8, please indicate the nature of the relationship between your firm and the related firms (*e.g.*, joint venture, wholly owned subsidiary), whether the transfers were priced at market value or by a non-market formula, whether your firm retained marketing rights to all transfers, and whether the related firms also processed inputs from sources other than your firm.

II-10. **Purchases.**--Other than direct imports, has your firm otherwise purchased **PRODUCT** since January 1, 2010? (See definitions in the instruction booklet.)

No Yes--Report such purchases below for the specified periods.¹

(Quantity in SPECIFY, value in \$1,000)					
Item	Calendar years			January-March	
	2010	2011	2012	2012	2013
PURCHASES FROM U.S. IMPORTERS² OF PRODUCT FROM— COUNTRY:					
<i>Quantity</i>					
<i>Value</i>					
All other countries:					
<i>Quantity</i>					
<i>Value</i>					
PURCHASES FROM DOMESTIC PRODUCERS:²					
<i>Quantity</i>					
<i>Value</i>					
PURCHASES FROM OTHER SOURCES:²					
<i>Quantity</i>					
<i>Value</i>					
¹ Please indicate your reasons for purchasing this product. If your reasons differ by source, please elaborate.					
² Please list the name of the firm(s) from which you purchased this product. If your suppliers differ by source, please identify the source for each listed supplier.					

PART III.--FINANCIAL INFORMATION

Address questions on this part of the questionnaire to **AUDITOR** (202-xxx-xxxx, **NAME@usitc.gov**).

III-1. **Contact information**-- Please identify the responsible individual and the manner by which Commission staff may contact that individual regarding the confidential information submitted in part III.

Name	
Title	
Email	
Telephone	
Fax	

III-2. **Accounting system**--Briefly describe your financial accounting system.

A. When does your fiscal year end (month and day)? _____
If your fiscal year changed during the data-collection period, explain below:

B.1. Describe the lowest level of operations (e.g., plant, division, company-wide) for which financial statements are prepared that include **PRODUCT**:

2. Does your firm prepare profit/loss statements for the **PRODUCT**:
 Yes No

3. How often did your firm (or parent company) prepare financial statements (including annual reports, 10Ks)? Please check relevant items below.
 Audited, unaudited, annual reports, 10Ks, 10 Qs,
 Monthly, quarterly, semi-annually, annually

4. Accounting basis: GAAP, cash, tax, or other comprehensive basis of accounting (specify) _____

*Note: The Commission may request that your company submit copies of its financial statements, including internal profit-and-loss statements for the division or product group that includes **PRODUCT**, as well as those statements and worksheets used to compile data for your firm's questionnaire response.*

III-3. **Cost accounting system**--Briefly describe your cost accounting system (e.g., standard cost, job order cost, etc.).

III-4. **Allocation basis**--Briefly describe your allocation basis, if any, for COGS, SG&A, and interest expense and other income and expenses.

PART III.--FINANCIAL INFORMATION--Continued

III-5. **Other products.**--Please list any other products you produced in the facilities in which you produced **PRODUCT**, and provide the share of net sales accounted for by these other products in your most recent fiscal year:

<u>Products</u>	<u>Share of sales</u>
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

III-6. Does your firm purchase **inputs** (raw materials, labor, energy, or any other services) used in the production of **PRODUCT** from any related firms?

Yes--Continue to question III-7 below. No--Continue to question III-9 below.

III-7. **Inputs from related firms.**--In the space provided below, identify the inputs used in the production of **PRODUCT** that your firm purchases from related parties.

<u>Input</u>	<u>Related party</u>
_____	_____
_____	_____
_____	_____
_____	_____

III-8. **Inputs from related firms at cost.**--All intercompany profit on inputs purchased from related parties should be eliminated from the costs reported to the Commission in question III-10 (i.e., costs reported in question III-10 should only reflect the related party's cost and not include an associated profit component). Reasonable methods for determining and eliminating the associated profit on inputs purchased from related parties are acceptable.

Has your firm complied with the Commission's instructions regarding costs associated with inputs purchased from related parties?

Yes No--Please contact **AUDITOR** (202-xxx-xxxx, **NAME@usitc.gov**).

PART III.--FINANCIAL INFORMATION--Continued

III-9. **Nonrecurring items (charges and gains) included in reported in PRODUCT financial results.**--For each annual and interim period for which financial results are reported in question III-10, please specify all material (significant) nonrecurring items (charges and gains) in the schedule below, the specific table III-10 line item where the nonrecurring items are included, a brief description of the relevant nonrecurring items, and the associated values (*in \$1,000*), as reflected in table III-10; i.e., if an aggregate nonrecurring item has been allocated to table III-10, only the allocated value amount included in table III-10 should be reported in the schedule below. Note: The Commission's objective here is to gather information only on material (significant) nonrecurring items which impacted the reported **PRODUCT** financial results in table III-10.

	Fiscal years ended--			January-March	
	2010	2011	2012	2012	2013
Nonrecurring item: In this column please provide a brief description of each nonrecurring item and indicate the specific table III-10 line item where the nonrecurring item is included.	Nonrecurring item: In these columns please report the amount (<i>in \$1,000</i>) of the relevant nonrecurring item reported in table III-10.				
1.					
2.					
3.					
4.					
5.					
6.					
7.					

PART III.--FINANCIAL INFORMATION--Continued

III-10. **Operations on PRODUCT**.--Report the revenue and related cost information requested below on the **PRODUCT** operations of your U.S. establishment(s).¹ Do **not report resales** of products. Note that internal consumption and transfers to related firms must be valued at fair market value and purchases from related firms must be at cost.² Provide data for your three most recently completed fiscal years, and for the specified interim periods. If your firm was involved in tolling operations (either as the toller or as the tollee), please contact **AUDITOR** at (202) **XXX-XXXX** before completing this section of the questionnaire.

Quantity (in SPECIFY) and value (in \$1,000)					
Item	Fiscal years ended--			January-March	
	2010	2011	2012	2012	2013
Net sales quantities: ³					
Commercial sales ("CS")					
Internal consumption ("IC")					
Transfers to related firms ("Transfers")					
Total net sales quantities					
Net sales values: ³					
Commercial sales					
Internal consumption					
Transfers to related firms					
Total net sales values					
Cost of goods sold (COGS): ⁴					
Raw materials					
Direct labor					
Other factory costs					
Total COGS					
Gross profit or (loss)					
Selling, general, and administrative (SG&A) expenses:					
Selling expenses					
General and administrative expenses					
Total SG&A expenses					
Operating income (loss)					
Other income and expenses:					
Interest expense					
All other expense items					
All other income items					
All other income or expenses, net					
Net income or (loss) before income taxes					
Depreciation/amortization included above					
¹ Include only sales (whether domestic or export) and costs related to your U.S. manufacturing operations. ² Please eliminate any profits or (losses) on inputs from related firms pursuant question III-8. ³ Less discounts, returns, allowances, and prepaid freight. The quantities and values should approximate the corresponding shipment quantities and values reported in Part II of this questionnaire. ⁴ COGS should include costs associated with CS, IC, and Transfers, as well as export shipments in question II-8.					

PART III.--FINANCIAL INFORMATION--Continued

III-11. **Asset values.**--Report the total assets (i.e., both current and long-term assets) associated with the production, warehousing, and sale of **PRODUCT**. If your firm does not maintain some or all of the specific asset information necessary to calculate total assets for **PRODUCT** in the normal course of business, please estimate this information based upon a method (such as production, sales, or costs) that is consistent with your cost allocations in the previous question. Provide data as of the end of your three most recently completed fiscal years.

Note: Total assets should reflect net assets after any accumulated depreciation and allowances deducted. Total assets should be allocated to the subject products if these assets are also related to other products. Please provide a brief explanation if there are any substantial changes in total asset value during the period; e.g., due to asset write-offs, revaluation, and major purchases.

Value (in \$1,000)			
Item	Fiscal years ended--		
	2010	2011	2012
Total assets (net)			

III-12. **Capital expenditures and research and development expenses.**--Report your firm's capital expenditures and research and development expenses on **PRODUCT**. Provide data for your three most recently completed fiscal years, and for the specified interim periods.

Value (in \$1,000)					
Item	Fiscal years ended--			January-March	
	2010	2011	2012	2012	2013
Capital expenditures					
Research and development expenses					

III-13. **Data consistency and reconciliation.**--Please indicate whether your financial data for questions III-10, 11, and 12 are based on a calendar year or your fiscal year:

- Calendar year
- Fiscal year (specify _____)

Please note the quantities and values reported in question III-10 should reconcile with the data reported in question II-8 (including export shipments) as long as they are reported on the same calendar year basis.

Do these data in question III-10 reconcile with data in question II-8?

- Yes No--Please explain _____

PART III.--FINANCIAL INFORMATION--Continued

III-14. **Effects of imports**--Since January 1, 2010, has your firm experienced any actual negative effects on its return on investment or its growth, investment, ability to raise capital, existing development and production efforts (including efforts to develop a derivative or more advanced version of the product), or the scale of capital investments as a result of imports of **PRODUCT** from **COUNTRY**?

- No Yes--My firm has experienced actual negative effects as follows:
- Cancellation, postponement, or rejection of expansion projects
 - Denial or rejection of investment proposal
 - Reduction in the size of capital investments
 - Rejection of bank loans
 - Lowering of credit rating
 - Problem related to the issue of stocks or bonds
 - Other (specify) _____

III-15. **Anticipated effects of imports**--Does your firm anticipate any negative effects due to imports of **PRODUCT** from **COUNTRY**?

- No Yes--My firm anticipates negative effects as follows:
- _____
- _____
- _____

PART IV.--PRICING AND RELATED INFORMATION

Further information on this part of the questionnaire can be obtained from **ECONOMIST** (202-xxx-xxxx, **NAME@usitc.gov**)

IV-1. **Contact information.**--Please identify the individual that Commission staff may contact regarding the confidential information submitted in part IV.

Name	
Title	
Email	
Telephone	
Fax	

PRICE DATA

IV-2. This question requests quarterly quantity and value data, f.o.b. your U.S. point of shipment, for your commercial shipments to unrelated U.S. customers since January 1, 2010 of the following products produced by your firm.

Product 1.--DEFINE

Product 2.--DEFINE

Product 3.--DEFINE

Product 4.--DEFINE

Please note that total dollar values should be f.o.b., U.S. point of shipment and should not include U.S.-inland transportation costs. Total dollar values should reflect the *final net* amount paid to you (i.e., should be net of all deductions for discounts or rebates). See instruction booklet.

PART IV.--PRICING AND RELATED INFORMATION--Continued

IV-2. **Pricing data.**--Report below the quarterly price data¹ for pricing products² produced and sold by your firm.

<i>(Quantity in SPECIFY, value in dollars)</i>								
Period of shipment	Product 1		Product 2		Product 3		Product 4	
	Quantity	Value	Quantity	Value	Quantity	Value	Quantity	Value
2010:								
January-March								
April-June								
July-September								
October-December								
2011:								
January-March								
April-June								
July-September								
October-December								
2012:								
January-March								
April-June								
July-September								
October-December								
<p>¹ Net values (<i>i.e.</i>, gross sales values less all discounts, allowances, rebates, prepaid freight, and the value of returned goods), f.o.b. your U.S. point of shipment.</p> <p>² Pricing product definitions are provided on the first page of Part IV.</p> <p>Note.--If your product does not exactly meet the product specifications but is competitive with the specified product, provide a description of your product. Also, please explain any anomalies in your reported pricing data.</p> <p>Product 1: _____</p> <p>Product 2: _____</p> <p>Product 3: _____</p> <p>Product 4: _____</p>								

PART IV.--PRICING AND RELATED INFORMATION--Continued

IV-3. **Price setting**-- How does your firm determine the prices that it charges for sales of **PRODUCT** (*check all that apply*)? If your firm issues price lists, please submit sample pages of a recent list.

Transaction by transaction	Contracts	Set price lists	Other	If other, describe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV-4. **Discount policy**-- Please indicate and describe your firm's discount policies (*check all that apply*).

Quantity discounts	Annual total volume discounts	No discount policy	Other	Describe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV-5. **Pricing terms for PRODUCT**--

(a) What are your firm's typical sales terms for its U.S.-produced **PRODUCT**?

Net 30 days	Net 60 days	2/10 net 30 days	Other	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(b) On what basis are your prices of domestic **PRODUCT** usually quoted (*check one*)?

Delivered	F.o.b.	If f.o.b., specify point
<input type="checkbox"/>	<input type="checkbox"/>	

IV-6. **Contract versus spot**--Approximately what share of your firm's sales of its U.S.-produced **PRODUCT** in 2012 was on a (1) long-term contract basis, (2) short-term contract basis, and (3) spot sales basis?

<u>Type of sale</u>	<u>Share of 2012 sales</u>
Long-term contracts (multiple deliveries for more than 12 months)	_____ %
Short-term contracts (multiple deliveries up to and including 12 months)	_____ %
Spot sales (for a single delivery)	_____ %
Total	100 %

PART IV.--PRICING AND RELATED INFORMATION--Continued

IV-7. **Contract provisions.**— Please fill out the table with respect to provisions of your typical sales contracts for **PRODUCT** (or check “not applicable” if your firm does not sell on a long-term and/or short-term contract basis).

Typical sales contract provisions	Item	Short-term contracts (multiple deliveries up to and including 12 months)	Long-term contracts (multiple deliveries for more than 12 months)
Average contract duration	<i>Number of days</i>		
Price renegotiation (during the contract period)	Yes	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>
Fixed quantity and/or price	<i>Quantity</i>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Price</i>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Both</i>	<input type="checkbox"/>	<input type="checkbox"/>
Meet or release provision	Yes	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable		<input type="checkbox"/>	<input type="checkbox"/>

IV-8. **Lead times.**--What is your share of sales both from inventory and produced to order and what is the average lead time between a customer's order and the date of delivery for your firm's sales of your U.S.-produced **PRODUCT**?

<u>Source</u>	<u>Share of 2012 sales</u>	<u>Lead time (days)</u>
From inventory	_____ %	_____
Produced to order	_____ %	_____
Total	100 %	

IV-9. **Shipping information.**--

- (a) What is the approximate percentage of the total delivered cost of **PRODUCT** that is accounted for by U.S. inland transportation costs? _____ %
- (b) Who generally arranges the transportation to your customers' locations?
 Your firm Purchaser (*check one*)
- (c) Indicate the approximate percentage of your sales of **PRODUCT** that are delivered the following distances from your production facility.

Distance from production facility	Share
Within 100 miles	%
101 to 1,000 miles	%
Over 1,000 miles	%
Total	100 %

PART IV.--PRICING AND RELATED INFORMATION--Continued

IV-10. **Geographical shipments.**-- What is the geographic market area in the United States served by your firm's shipments of **PRODUCT**? (check all that apply)

Geographic area	√ if applicable
Northeast. --CT, ME, MA, NH, NJ, NY, PA, RI, and VT.	<input type="checkbox"/>
Midwest. --IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, and WI.	<input type="checkbox"/>
Southeast. --AL, DE, DC, FL, GA, KY, MD, MS, NC, SC, TN, VA, and WV.	<input type="checkbox"/>
Central Southwest. --AR, LA, OK, and TX.	<input type="checkbox"/>
Mountains. --AZ, CO, ID, MT, NV, NM, UT, and WY.	<input type="checkbox"/>
Pacific Coast. --CA, OR, and WA.	<input type="checkbox"/>
Other. --All other markets in the United States not previously listed, including AK, HI, PR, and VI, among others.	<input type="checkbox"/>

IV-11. **End uses.**--List the end uses of the **PRODUCT** that you manufacture. For each end-use product, what percentage of the total cost is accounted for by **PRODUCT** and other inputs?

End use product	Share of total cost of end use product accounted for by		Total
	PRODUCT (percent)	Other inputs (percent)	
	%	%	100%
	%	%	100%
	%	%	100%

PART IV.--PRICING AND RELATED INFORMATION--Continued

IV-12. **Substitutes.**-- Can other products be substituted for **PRODUCT**?

No Yes--Please fill out the table.

Substitute	End use in which this substitute is used	Have changes in the prices of this substitute affected the price for PRODUCT ?		
		No	Yes	Explanation
1.		<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	

IV-13. **Demand trends.**-- Indicate how demand within the United States and outside of the United States (if known) for **PRODUCT** has changed since January 1, 2010. Explain any trends and describe the principal factors that have affected these changes in demand.

Market	Overall increase	No change	Overall decrease	Fluctuate with no clear trend	Explanation and factors
Within the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outside the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV-14. **Product changes.**--Have there been any significant changes in the product range, product mix, or marketing of **PRODUCT** since January 1, 2010?

No Yes--Please describe and quantify if possible.

PART IV.--PRICING AND RELATED INFORMATION--Continued

IV-15. **Business cycles.**--

(a) Is the **PRODUCT** market subject to business cycles or conditions of competition (including seasonal business) distinctive to **PRODUCT**?

No (skip to question IV-17.) Yes-- Please describe below and then answer part (b).

(b) If yes, have there been any changes in the business cycles or conditions of competition for **PRODUCT** since January 1, 2010?

No Yes-- Please describe.

IV-16. **Supply constraints.**--Has your firm refused, declined, or been unable to supply **PRODUCT** since January 1, 2010 (examples include placing customers on allocation or "controlled order entry," declining to accept new customers or renew existing customers, delivering less than the quantity promised, been unable to meet timely shipment commitments, etc.)?

No Yes-- Please describe.

IV-17. **Raw materials.**--Please describe any trends in the prices of raw materials used to produce **PRODUCT** and whether your firm expects these trends to continue.

PART IV.--PRICING AND RELATED INFORMATION--Continued

IV-18. **Interchangeability.**--Is **PRODUCT** produced in the United States and in other countries interchangeable (*i.e.*, can they physically be used in the same applications)?

Please indicate A, F, S, N, or 0 in the table below:

- A = the products from a specified country-pair are *always* interchangeable
- F = the products are *frequently* interchangeable
- S = the products are *sometimes* interchangeable
- N = the products are *never* interchangeable
- 0 = *no familiarity* with products from a specified country-pair

Country-pair	COUNTRY 1	COUNTRY 2	COUNTRY 3	Other countries
United States				
COUNTRY 1	X			
COUNTRY 2	X	X		
COUNTRY 3	X	X	X	
For any country-pair producing PRODUCT that is <i>sometimes</i> or <i>never</i> interchangeable, please explain the factors that limit or preclude interchangeable use: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				

PART IV.--PRICING AND RELATED INFORMATION--Continued

IV-20. **Customer Identification**--Please identify the names and contact information for your firm's 10 largest U.S. customers for **PRODUCT** since January 1, 2010. Indicate the share of the quantity of your firm's total shipments of **PRODUCT** that each of these customers accounted for in 2012.

Customer's name	Contact person	Email	Telephone	Street address (not P.O. box), city, state, and zip code	Share of 2012 sales (%)
1				Street Address City ' State Zip Code	
2				Street Address City ' State Zip Code	
3				Street Address City ' State Zip Code	
4				Street Address City ' State Zip Code	
5				Street Address City ' State Zip Code	
6				Street Address City ' State Zip Code	
7				Street Address City ' State Zip Code	
8				Street Address City ' State Zip Code	
9				Street Address City ' State Zip Code	
10				Street Address City ' State Zip Code	

PART IV.--PRICING AND RELATED INFORMATION--Continued

IV-21. COMPETITION FROM IMPORTS--LOST REVENUE.--

Since January 1, 2010: To avoid losing sales to competitors selling **PRODUCT** from **COUNTRY**, did your firm:

	No	Yes
Reduce prices	<input type="checkbox"/>	<input type="checkbox"/>
Roll back announced price increases	<input type="checkbox"/>	<input type="checkbox"/>

Instructions for preliminary phase: The table below is to be completed only by NON-PETITIONERS. (Note: petitioners may provide allegations involving quotes made AFTER the filing of the petition.) **OR Instructions for final phase: Please DO NOT RE-SUBMIT allegations provided in the preliminary phase of this proceeding.**

If you indicated “yes” above, please furnish the following information for each affected transaction. If possible, provide documentation (e.g., copies of invoices, sales reports, or letters from customers). Please note that the Commission may contact the firms named to verify the allegations reported.

- Customer name, contact person, phone and fax numbers
- Specific product(s) involved
- Date of your initial price quotation
- Quantity involved
- Your initial *rejected* price quotation (total delivered value)
- Your *accepted* price quotation (total delivered value)
- The country of origin of the competing imported product
- The competing price quotation of the imported product (total delivered value)

Customer name, contact person, phone and fax numbers	Product	Country of origin	Date of quote	Quantity (SPECIFY)	Initial rejected U.S. price (total value-- dollars)	Accepted U.S. price (total value-- dollars)	Competing import price (total value-- dollars)
Firm Contact Phone Fax							
Firm Contact Phone Fax							
Firm Contact Phone Fax							
Firm Contact Phone Fax							

PART IV.--PRICING AND RELATED INFORMATION--Continued

IV-22. COMPETITION FROM IMPORTS--LOST SALES.—

Since January 1, 2010: Did your firm lose sales of **PRODUCT** to imports of these products from **COUNTRY**?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>

Instructions for preliminary phase: The table below is to be completed only by NON-PETITIONERS. (Note: petitioners may provide allegations involving quotes made AFTER the filing of the petition.) **OR Instructions for final phase: Please DO NOT RE-SUBMIT allegations provided in the preliminary phase of this proceeding.**

If you indicated “yes” above, please furnish the following information for each affected transaction. If possible, provide documentation (e.g., copies of invoices, sales reports, or letters from customers). Please note that the Commission may contact the firms named to verify the allegations reported.

- Customer name, contact person, phone and fax numbers
- Specific product(s) involved
- Date of your price quotation
- Quantity involved
- Your rejected price quotation (total delivered value)
- The country of origin of the competing imported product
- The accepted price quotation of the imported product (total delivered value)

Customer name, contact person, phone and fax numbers	Product	Country of origin	Date of quote	Quantity (<i>SPECIFY</i>)	Rejected U.S. price (total value-- <i>dollars</i>)	Competing import price (total value— <i>dollars</i>)
Firm Contact Phone Fax						
Firm Contact Phone Fax						
Firm Contact Phone Fax						
Firm Contact Phone Fax						