Restricted Party Screening Request Form

Screening request for an individual or entity

One party per form. Complete a separate form for each individual or entity to be screened. Do not list more than one party on a form.
Email each completed form to the UM Export Control Office at exportcontrol@mso.umt.edu

Requester information

Name of the individual completing this form (required)

Email (required)

Phone

UM department or unit

Party to be screened

1. Who is the party to be screened? Complete the one name field that applies. (required)

Individual: full legal name

Entity: full legal name (company, institution, organization, or government body)

Other names, spellings, or former names, if known

Country of citizenship (individual) or country of incorporation or registration (entity) (required)

Street address (entities only)

City and country

Current employer or institution (individuals)

Website of the employer, institution, or entity

2. Why is the screening needed? (check all that apply) (required)

- ☐ Discussing plans to engage in a sponsored project or drafting a proposal for sponsored research
- ☐ Considering a sponsored research collaboration or appointment
- ☐ Exchanging personnel, materials, data, confidential information, or money with a foreign person, academic institution, government, company, or other foreign entity
- ☐ Entering a contract with a foreign or domestic party
- ☐ Shipping anything to an international individual or entity
- ☐ Hosting a visitor to the university
- ☐ Other (describe in the field below)

If Other, describe

3. Describe the planned interaction with this party. What does UM plan to do, and with whom at UM? (required)

Proposal, award, contract, or purchase order number(s), if known

Anticipated start date of the interaction

What happens after you submit

The Export Control Office enters each party into Visual Compliance, its restricted party screening system. The name is checked against federal restricted party lists and is regularly rechecked as those lists change. If the name is later added to a restricted list, the Export Control Office receives a notification. No separate request is needed for ongoing monitoring.

Requester certification

By typing my name and the date below, I confirm that the information in this form is accurate to the best of my knowledge.

Typed name of requester (required)

Date (required)

Reminder: one party per form. Submit a separate form for each individual or entity to be screened. Email the completed form to the UM Export Control Office at exportcontrol@mso.umt.edu