**Landing Systems- Virtual Visitors Certificate**

All persons requesting access to Collins Aerospace| Landing Systems sites are asked to complete the following questionnaire and return it to your Landing Systems point of contact. Please note that the information requested below is intended to verify your eligibility to access technical data subject to U.S. Export Controls. We appreciate response to this request. Should you have any questions regarding this issue, please contact the Landing Systems’ International Trade Compliance Department at 216.429.4221 or 905.465.4704

**Instruction Notes:**

**Click on one of the “Click here to enter text” boxes that you see and start typing the information that you would like to enter in this box. This information will enter into the space you have typed the information in once you are finished.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Company Name:** Click here to enter text.

**Nationality:** U.S. Citizen Naturalized U.S. Citizen U.S. Permanent Resident

Canadian Citizen  Canadian Permanent Resident Visa Holder

Other: Click here to enter text.

This information will be utilized for the sole purpose to determine your eligibility to access either Commerce controlled Technical Data under the Export Administration Regulations, or International Traffic in Arms Regulations controlled Technical Data within UTC. If you are granted access, you will agree to handle all UTC Technical Data in accordance with all applicable Export Control Regulations including but not limited to EAR and ITAR.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* *I hereby certify that this information is complete and accurate to the best of my knowledge.***

**Applicant Printed Name:** Click here to enter text. **Title:** Click here to enter text.

**Signature:**  \_\_\_\_\_\_ **Date:** \_\_\_\_\_\_

**Witness Printed Name:** Click here to enter text. **Title:** Click here to enter text.

**Signature\***: \_\_\_\_\_ **Date:** \_\_\_\_\_\_

\*(H.R. representative, Empowered Official, Facility Security Officer, or Designated Official)