

CADENCE

Customer Review for Export Classification

Sales Rep: RAL/Europractice Date: _____

Customer Name: _____

Please use full customer name - no initials

Shipping Location: Street Address _____

Street Address _____

City, District _____

County _____

Install Location Street Address _____

Street Address _____

City, District _____

County _____

Products produced by customer at "Install" location

Is the customer involved in any of the following activities: (Yes/No)

Design, development, production or use of nuclear weapons _____

Design, development, production or use of chemical weapons _____

Design, development, production or use of biological weapons _____

Design, development, production or use of ballistic missiles _____

I hereby certify that the above is true: Signature: _____

Printed Name: _____

Date: _____

Name of Institution _____

Department _____

Please complete this questionnaire and return it to the Microelectronics Support Centre at RAL for forwarding to Cadence.

CADENCE

Customer Review for Export Classification (Nuclear)

Sales Rep: RAL/Europractice Date: _____

Customer Name: _____

Please use full customer name - no initials

Shipping Location: Street Address _____

Street Address _____

City, District _____

County _____

Install Location Street Address _____

Street Address _____

City, District _____

County _____

Products produced by customer at "Install" location

Is the customer involved in any of the following activities: Yes No

- a) Designing, developing or testing nuclear weapons or nuclear explosive devices
- b) Designing, constructing, fabricating or operating the following facilities or components for such facilities:
1. Facilities for the chemical processing of irradiated special nuclear or source material,
 2. Facilities for the production of heavy water,
 3. Facilities for the separation of isotopes or source and special nuclear material, or
 4. Facilities for the fabrication of nuclear reactor fuel containing plutonium.

I hereby certify that the above is true: Signature: _____

Printed Name: _____

Date: _____

Name of Institution _____

Department _____

Please complete this questionnaire and return it to the Microelectronics Support Centre at RAL for forwarding to Cadence.