

GUIDANCE FOR REQUESTING SPECIAL PRIORITIES ASSISTANCE (SPA): HOW TO COMPLETE FORM BIS-999



U.S. DEPARTMENT OF COMMERCE
BUREAU OF INDUSTRY AND SECURITY

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The purpose of this guidance document is to assist applicants requesting Special Priorities Assistance (SPA) from the Department of Commerce's Bureau of Industry and Security (DOC/BIS). SPA is a service provided under the Defense Priorities and Allocations System (DPAS) regulation to alleviate problems that arise related to the prioritization of contracts and orders throughout the U.S. supply chain. SPA may be provided for any reason consistent with the DPAS regulation, such as assisting in the timely deliveries of items needed to satisfy rated orders, authorizing the use of priority ratings on contracts and orders, or resolving production or delivery conflicts between rated orders.

SPA may be requested by U.S. or foreign corporations; state, local, tribal or territorial governments; U.S. Government agencies; foreign governments; or international organizations (e.g., North Atlantic Treaty Organization).

A request for SPA is submitted by filling out a FORM BIS-999 and submitting it to the local contract administration representative or to DOC/BIS at DPAS@bis.doc.gov. FORM BIS-999 may be found here: <https://www.bis.doc.gov/index.php/documents/sies/498-bis-999-formerly-bxa-999-request-for-special-priorities-assistance/file>

FORM BIS-999 is meant to help DOC/BIS understand, among other things, the applicant's supply chain, the difficulties that the applicant is experiencing, the impact of any potential official action granted, and how to structure any potential official action.

The guidance provided below walks the applicant through what information is required in each Block of FORM BIS-999. Please contact DOC/BIS at DPAS@bis.doc.gov or 202-482-3634 to obtain additional guidance on how to fill out this form.

Please note, information furnished related to requests for SPA is deemed confidential under section 705(d) of the Defense Production Act of 1950 (DPA) which prohibits publication or disclosure of information unless the President determines that withholding it is contrary to the interest of the national defense. DOC/BIS will assert the appropriate Freedom of Information Act (FOIA) exemptions if such information is the subject of FOIA requests.

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Block 1.a – Applicant Information

This Block should contain:

- The applicant's name and address.
- An appropriate point of contact's name, professional title, telephone number, and e-mail address.

Block 1.b – Applicant's Customer

This Block should contain the applicant's customer information. This information includes:

- The customer's name and address.
- The name, professional title, telephone number, and e-mail address of an appropriate point of contact.

This Block may remain blank if the applicant is an end-user U.S. Government agency or foreign government.

If the applicant has multiple customers, the applicant may provide a list of its customers in the Continuation Block located at the bottom of FORM BIS-999 or in a supplemental attachment.

If the applicant has too many customers to list, the applicant may be permitted to provide a representative list of their customers in the Continuation Block or in a supplemental attachment. Please contact DOC/BIS at DPAS@bis.doc.gov or 202-482-3634 to obtain additional guidance.

Block 2 – Applicant Item(s)

The applicant should provide a short general description of the item(s) listed in Block 3 and a short general description of the end-use of the item(s).

If applicable, please identify the Government program and end-item for which the items listed in Block 3 are required, if known.

If the applicant is the end-user and a Government agency, and if the Block 3 items are not an end-item, please identify the end-item and Government program for which the Block 3 items are required.

Block 3 – Item(s) (including service) for which applicant requests assistance

This Block should list the items that the applicant is having difficulty acquiring, either directly or indirectly, that are impacting the end-item identified in Block 2.

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These items must be produced in the United States, as the DPAS is not extraterritorial and therefore has no legal authority outside the United States.

This Block should include identifying information, such as the manufacturer and model or part number, for the items that the applicant is having difficulty acquiring.

If the items are obtained through different direct suppliers (see also Block 4.a), please be sure to indicate which items are obtained through which direct suppliers as it is important for DOC/BIS to understand the complete supply chain for the applicant as it relates to each of the items listed.

Additional information may be provided in the Continuation Block or in a supplemental attachment.

Block 4.a – Supplier Information

This Block should contain information on the applicant's **DIRECT** supplier. This information includes:

- The supplier's name and address.
- An appropriate point of contact's name, telephone number, and e-mail address.

As noted above, it is important for DOC/BIS to understand the complete supply chain for the applicant as it relates to each of the items listed in Block 3. This ensures that any potential action taken by DOC/BIS is effective. The supply chain information must include all relevant distributors for the items.

Additional information may be provided in the Continuation Block or in a supplemental attachment.

Block 4.b – Supplier Information

This Block should contain information on the applicant's contract or purchase order to the direct supplier.

If the contract/purchase order was rated, please provide:

- The contract/purchase order number and date.
- The priority rating provided.

If the contract/purchase order was not rated, please provide:

- The contract/purchase order number and date and write "none" next to where it says, "priority rating."

Block 5 – Shipment Schedule of Item(s) Shown in Block 3

This Block should contain:

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- **Block 5.a:** The applicant's original shipment/performance requirement date for the item(s) or service(s).
- **Block 5.b:** The supplier's original shipment/performance promise date for the item(s) or service(s).
- **Block 5.c:** The applicant's current shipment/performance requirement date for the item(s) or service(s).
- **Block 5.d:** The supplier's current shipment/performance date for the item(s) or service(s).

This Block should also include the number of units (if applicable) that the applicant requires, and the number of units the supplier promised to deliver. The applicant's current number of total units required (Block 5.c) should match the quantity of units being requested in Block 3. If the quantities differ, please provide an explanation.

If the applicant has too many types of parts and components to list in Block 5, the Continuation Block, or in a supplemental attachment, the applicant may provide a general statement summarizing the information requested in Block 5. Please contact DOC/BIS at DPAS@bis.doc.gov or 202-482-3634 to obtain additional guidance.

Block 6 – Reasons Given by Supplier

This Block should explain as thoroughly as possible why the supplier was unable to meet the applicant's required shipment or performance date(s).

Block 7 – Brief Statement of Need for Assistance

This Block should explain why the applicant urgently requires the item(s) or service(s) being requested. The applicant may include a statement regarding the need to support a national defense requirement activity (e.g., coalition operations, counterterrorism, emergency planning, critical infrastructure, key resource protection/restoration).

The applicant should:

- Describe attempts to resolve the problem outside of the use of a priority rating (if the contract/order is unrated).
- Explain whether their supplier indicated that a priority rating would help resolve the issue (if the contract/order is unrated).
- Explain why the items need to be sourced from a particular supplier and not from alternative suppliers.
- Provide a brief explanation regarding the impact on the program or project schedule if the items are not delivered in a timely manner.

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If known, the applicant should state the type of assistance being requested (e.g., Rating Authorization, Directive, Letter of Understanding).

Block 8 - Certification

This Block may be signed and dated by the point of contact listed in Block 1.a, or other official authorized by the applicant to request SPA.

The signature certifies that the information contained in Blocks 1 – 7 of FORM BIS-999, and all other information attached, is correct and complete to the best of the applicant's knowledge and belief.

Please do not sign Block 8 until DOC/BIS has had a chance to review FORM BIS-999. This ensures that DOC/BIS has all the information it needs from the applicant without the applicant being required to re-certify FORM BIS-999 if DOC/BIS requires changes to or additional information in the form.

Block 9 – U.S. Government Agency Information

Note: This Block should only be completed by the U.S. Government agency sponsoring (i.e., endorsing) the request (if applicable). Otherwise, please leave this Block blank.

- **Block 9.a:**

This Block should contain:

- The sponsoring agency's name and address.
- The name, professional title, telephone number, and e-mail address of an appropriate point of contact at the agency.
- The signature of an appropriate point of contact at the agency.

- **Block 9.b-d:**

These Blocks should contain:

- The case reference number, the U.S. Government agency program that is being supported, and a statement of urgency of the program or project.
- A detailed impact assessment as to the adverse effects of not receiving materials/products in a timely manner.

- **Block 9.e-f:**

These Blocks should contain:

- A description of U.S. Government actions taken to attempt to resolve the problem.
- The sponsoring agency's recommendation as to what official action should be taken. Official actions include Rating Authorization, Directive, or Letter of Understanding.

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- **Block 9.g:**

This Block should be signed and dated by the authorized official at the department or agency's headquarters.

CONTINUATION BLOCK

The applicant may use this Block to provide any additional information that does not fit in Blocks 1 – 9. Please identify information provided in the Continuation Block with the appropriate Block number. The applicant may also provide supplementary information in an attachment.