I-129 EXPORT CONTROL CERTIFICATION

The following information will be used to determine if an export license is required from the U.S. Department of State or the U.S. Department of Commerce for the visa beneficiary during his/her period of employment at UCLA. Please email questions about this form to export.controls@research.ucla.edu. This certification should be completed and signed by the individual who will be supervising the visa beneficiary.

| VISA BENEFICIARY INFORMATION | |
|---|--|
| Last Name: | First Name: |
| Country of Citizenship: | Visa Extension? Y N |
| UCLA Job Title: | Department: |
| 2. PRINCIPAL INVESTIGATOR/SUPERVISOR INFORMATION | |
| Last Name: | First Name: |
| Title: | Department: |
| Phone Number: | Email: |
| David Geffen School of Medicine Division of Life Sciences Division of Physical Sciences Henry Samueli School of Engineering and Applied Science YES (proceed to page 9) | Jonathan and Karin Fielding School of Public Health School of Dentistry School of Nursing |
| NO (Please sign and date this form below, and sub | mit with the rest of the H-1B documents to the Dashew Center) |
| of the foregoing certification are true to the best of my know to accurately complete this questionnaire can result in U.S. g | yment of the visa beneficiary and hereby affirm that the contents redge, information, and belief. I further understand that failure overnment export control violations for which civil and criminal a Principal Investigator) found to have caused or facilitated a |
| Signature: | Date: |

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If the response to Section 3 is YES, please complete Sections 4-7 and email pages 8-10 as an attachment to export.controls@research.ucla.edu. Please include the visa beneficiary's name and visa type in the email subject line. The certification will be reviewed, signed and dated, and returned to you for submission with the rest of the H-1B documents to the Dashew Center.

| 4. E | BENEFICIARY WILL BE PA | RTICIPATING IN WORK SUPPORTED BY (M | ARK ALL THAT APPLY): |
|-------------------------|--|--|--|
| | Grant/Contract | Fund #: | Sponsor: |
| | | Fund #: | Sponsor: |
| | | Fund #: | Sponsor: |
| | University funds | FAU(s): | Sales & Service? Y N |
| | Other | FAU(s): | |
| 5. J | IOB DUTIES (MARK ALL T | HAT APPLY): | |
| | Research | Teaching Administration | Clinical Services Other |
| | BENEFICIARY WILL BE PR THAT APPLY): | OVIDED ACCESS TO THE FOLLOWING IN TI | HE PERFORMANCE OF HIS/HER JOB DUTIES (MARK ALL |
| | Export controlled t | technology or technical data | |
| | Confidential or pro | oprietary information from a sponsor or th | ird party |
| | Equipment specific | cally designed or developed for military or | space applications |
| 7. F | PRINCIPAL INVESTIGATO | R/SUPERVISOR ATTESTATION (MARK ALL | ГНАТ APPLY) |
| | | earch agreement (e.g., grant or contract) on the participation of foreign persons in the participation of the participation of foreign persons in the participation of the participatio | on which the visa beneficiary will be working does not project. |
| | | earch agreement (e.g., grant or contract) c he research team's right to publish any of | on which the visa beneficiary will be working does not the data or research results. |
| | I certify that the visa | beneficiary will NOT be provided access t | o: |
| | ■ Technic | cal information that has been designated ' | 'export controlled"; |
| | • | or or third-party proprietary or confidentia tion source code. | l information, materials, or software; or |
| | I certify that the visa military or space app | · · · · · · · · · · · · · · · · · · · | o equipment specifically designed or developed for |
| of the to ac pena | e foregoing certification curately complete this q | are true to the best of my knowledge, inf questionnaire can result in U.S. governmen gainst any individual (including a Princip | the visa beneficiary and hereby affirm that the contents formation, and belief. I further understand that failure nt export control violations for which civil and criminal al Investigator) found to have caused or facilitated a |
| Signa | nture: | | Date: |

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EXPORT CONTROL REVIEW

| | | ewed the submitted information and recommend that the following box be checked on Form 1-129, Part 6, In Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States: |
|------------------------------|-------|--|
| | 1. | A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or |
| | 2. | A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary. |
| Export Control Administrator | | rol Administrator Date |
| UCLA R | lesea | rch Policy & Compliance |

(310) 206-3727

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