

U.S. PRODUCERS' QUESTIONNAIRE

CHLOROPICRIN FROM CHINA

This questionnaire must be received by the Commission by no later than DECEMBER 16, 2009

See page 4 of the Instruction Booklet for filing instructions.

The information called for in this questionnaire is for use by the United States International Trade Commission in connection with its review of the antidumping duty order concerning chloropicrin from China (Inv. No. 732-TA-130 (Third Review)). The information requested in the questionnaire is requested under the authority of the Tariff Act of 1930, title VII. **This report is mandatory and failure to reply as directed can result in a subpoena or other order to compel the submission of records or information in your possession (19 U.S.C. § 1333(a)).**

| |
|---|
| <p>Name of firm _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>World Wide Web address _____</p> <p>Has your firm produced chloropicrin (as defined in the instruction booklet) at any time since January 1, 1984?</p> <p><input type="checkbox"/> NO (Sign the certification below and promptly return only this page of the questionnaire to the Commission)</p> <p><input type="checkbox"/> YES (Read the instruction booklet carefully, complete all parts of the questionnaire, and return the entire questionnaire to the Commission so as to be received by the date indicated above)</p> |
|---|

CERTIFICATION

I certify that the information herein supplied in response to this questionnaire is complete and correct to the best of my knowledge and belief and understand that the information submitted is subject to audit and verification by the Commission.

By means of this certification I also grant consent for the Commission, and its employees and contract personnel, to use the information provided in this questionnaire and throughout this review in any other import-injury investigations or reviews conducted by the Commission on the same or similar merchandise.

I acknowledge that information submitted in this questionnaire response and throughout this review may be used by the Commission, its employees, and contract personnel who are acting in the capacity of Commission employees, for developing or maintaining the records of this review or related proceedings for which this information is submitted, or in internal audits and investigations relating to the programs and operations of the Commission pursuant to 5 U.S.C. Appendix 3. I understand that all contract personnel will sign non-disclosure agreements.

| | | |
|---|--|--------------------------------|
| _____ <i>Name of Authorized Official</i> | _____ <i>Title of Authorized Official</i> | _____ <i>Date</i> |
| _____ <i>Signature</i> | _____ <i>Phone: ()</i> | _____ <i>E-mail address</i> |
| | _____ <i>Fax ()</i> | |

PART I.--GENERAL INFORMATION--Continued

I-4. **Ownership.**--Is your firm owned, in whole or in part, by any other firm?

No Yes--List the following information.

| <u>Firm name</u> | <u>Address</u> | <u>Extent of ownership</u> |
|------------------|----------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I-5. **Related SUBJECT importers/exporters.**--Does your firm have any related firms, either domestic or foreign, which are engaged in importing chloropicrin from China into the United States or which are engaged in exporting chloropicrin from China to the United States?

No Yes--List the following information.

| <u>Firm name</u> | <u>Address</u> | <u>Affiliation</u> |
|------------------|----------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I-6. **Related NONSUBJECT importers/exporters.**--Does your firm have any related firms, either domestic or foreign, which are engaged in importing chloropicrin from countries other than China into the United States or which are engaged in exporting chloropicrin from countries other than China to the United States?

No Yes--List the following information.

| <u>Firm name and country</u> | <u>Address</u> | <u>Affiliation</u> |
|------------------------------|----------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PART I.--GENERAL INFORMATION--Continued

I-7. **Related producers.**--Does your firm have any related firms, either domestic or foreign, which are engaged in the production of chloropicrin?

No Yes--List the following information.

| <u>Firm name</u> | <u>Address</u> | <u>Affiliation</u> |
|------------------|----------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I-8. **Business plan.**--In Parts II and IV of this questionnaire we request a copy of your company's business plan. Does your company or any related firm have a business plan or any internal documents that describe, discuss, or analyze expected market conditions for chloropicrin?

No Yes--Please provide the requested documents. If you are not providing the requested documents, please explain why not.

PART II.--TRADE AND RELATED INFORMATION

Further information on this part of the questionnaire can be obtained from **Cynthia Trainor (202-205-3354; cynthia.trainor@usitc.gov)**. **Supply all data requested on a calendar-year basis.**

II-1. **Contact information (Trade).**--Who should be contacted regarding the requested trade and related information?

Company contact: _____
Name and title

() _____
Phone number E-mail address

II-2. **Changes in operations.**--Please indicate whether your firm has experienced any of the following changes in relation to the production of chloropicrin since January 1, 1984?

| <i>(check as many as appropriate)</i> | <i>(please describe)</i> |
|--|--------------------------|
| <input type="checkbox"/> plant openings | _____ |
| | _____ |
| <input type="checkbox"/> plant closings..... | _____ |
| | _____ |
| <input type="checkbox"/> relocations | _____ |
| | _____ |
| <input type="checkbox"/> expansions | _____ |
| | _____ |
| <input type="checkbox"/> acquisitions..... | _____ |
| | _____ |
| <input type="checkbox"/> consolidations..... | _____ |
| | _____ |
| <input type="checkbox"/> prolonged shutdowns or production curtailments | _____ |
| | _____ |
| <input type="checkbox"/> revised labor agreements | _____ |
| | _____ |
| <input type="checkbox"/> other (<i>e.g.</i> , technology) | _____ |
| | _____ |

PART II.--TRADE AND RELATED INFORMATION--Continued

II-3. **Anticipated changes in operations.**--Does your firm anticipate any changes in the character of your operations or organization (as noted above) relating to the production of chloropicrin in the future?

- No Yes--Supply details as to the time, nature, and significance of such changes and provide underlying assumptions, along with relevant portions of business plans or other supporting documentation that address this issue. **Include in your response a specific projection of your firm's capacity to produce chloropicrin (in 1,000 pounds) for 2008 and 2009.**

II-4. **Anticipated changes in operations in the event the order is revoked.**--Would your firm anticipate any changes in the character of your operations or organization (as noted above) relating to the production of chloropicrin in the future if the antidumping duty order on chloropicrin from China were to be revoked?

- No Yes--Supply details as to the time, nature, and significance of such changes and provide underlying assumptions, along with relevant portions of business plans or other supporting documentation that address this issue.

PART II.--TRADE AND RELATED INFORMATION--Continued

II-5. **Same equipment, machinery, and workers.**--Has your firm since 1984 produced, or does your firm anticipate producing in the future, other products on the same equipment and machinery used in the production of chloropicrin and/or using the same production and related workers employed to produce chloropicrin?

- No Yes--List the following information and report your firm's combined production capacity and production of these products and chloropicrin in the periods indicated.

| <u>Product</u> | <u>Period</u> | <u>Basis for allocation of capacity and employment data (indicate if different)</u> |
|-----------------------|----------------------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| <i>(Quantity in 1,000 pounds)</i> | | | |
|------------------------------------|-------------|-------------|-------------|
| Item | 2006 | 2007 | 2008 |
| Overall Production Capacity | | | |
| Production of: | | | |
| Chloropicrin | | | |
| Other product 1 | | | |
| Other product 2 | | | |

II-6. **Constraints on production.**--Please describe the constraint(s) that set the limit(s) on your production capacity.

II-7. **Production shifting.**--Is your firm able to switch production between chloropicrin and other products in response to a relative change in the price of chloropicrin vis-a-vis the price of other products, using the same equipment and labor?

- No Yes--Please identify the other products, the approximate time and cost involved in switching, and the minimum relative price change required for your firm to switch production to or from chloropicrin.

PART II.--TRADE AND RELATED INFORMATION--Continued

II-8. **Trade data.**--Report your firm's production capacity, production, shipments, inventories, and employment related to the production of chloropicrin in your U.S. establishment(s) during the specified periods. (See definitions in the instruction booklet.)

| Quantity (in 1,000 pounds) and value (in \$1,000) | | | | | |
|--|---------------|------|------|-------------------|------|
| Item | Calendar year | | | January-September | |
| | 2006 | 2007 | 2008 | 2008 | 2009 |
| Average production capacity¹ (quantity) (A) | | | | | |
| Beginning-of-period inventories (quantity) (B) | | | | | |
| Production (quantity) (C) | | | | | |
| U.S. shipments: | | | | | |
| Commercial shipments: | | | | | |
| quantity (D) | | | | | |
| value (E) | | | | | |
| Internal consumption:² | | | | | |
| quantity (F) | | | | | |
| value (G) | | | | | |
| Transfers to related firms:² | | | | | |
| quantity (H) | | | | | |
| value (I) | | | | | |
| Export shipments:³ | | | | | |
| quantity (J) | | | | | |
| value (K) | | | | | |
| End-of-period inventories (quantity) (L) | | | | | |
| Channels of distribution: | | | | | |
| U.S. shipments to distributors (quantity) (M) | | | | | |
| U.S. shipments to end users (quantity) (N) | | | | | |
| Employment data: | | | | | |
| Average number of PRWs (number) (O) | | | | | |
| Hours worked by PRWs (1,000 hours) (P) | | | | | |
| Wages paid to PRWs (value) (Q) | | | | | |

¹ The production capacity (see definitions in instruction booklet) reported is based on operating ____ hours per week, ____ weeks per year. Please describe the methodology used to calculate production capacity, and explain any changes in reported capacity (use additional pages as necessary).

² Internal consumption and transfers to related firms should be valued at fair market value. In the event that you use a different basis for valuing these transactions, please specify that basis (e.g., cost, cost plus, etc.) and provide value data using that basis for each of the periods noted above:

³ Identify your principal export markets: _____

PART II.--TRADE AND RELATED INFORMATION--Continued

II-9. Reconciliation of trade data.--

- (a) Please note that the quantities reported in question II-8 should reconcile as follows in each period (*i.e.*, in each column):

Reconciliation

$B + C - D - F - H - J = L$

Do these data reconcile? Yes No--Please explain _____

$D + F + H = M + N$

Do these data reconcile? Yes No--Please explain _____

- (b) Please note that the quantities reported for end of period inventories should equal the beginning of period inventories reported in the subsequent calendar year (*i.e.*, line L of year 2006 should equal line B of year 2007). Do these data reconcile for each adjacent calendar year?

Yes. No--Please explain.

- II-10. **Transfers to related firms.**--If you reported transfers to related firms in question II-8, please indicate the nature of the relationship between your firm and the related firms (*e.g.*, joint venture, wholly owned subsidiary), whether the transfers were priced at market value or by a non-market formula, whether your firm retained marketing rights to all transfers, and whether the related firms also processed inputs from sources other than your firm.

PART II.--TRADE AND RELATED INFORMATION--Continued

II-11. **Purchases.**--Other than direct imports, has your firm otherwise purchased chloropicrin since January 1, 2006? (See definitions in the instruction booklet.)

- No Yes-- Please indicate the reasons for your purchases (if your reasons differ by source, please elaborate) and report the quantity and value of such purchases below for the specified periods

Reasons: _____

| Item | Quantity (in 1,000 pounds) and value (in \$1,000) | | |
|--|---|------|------|
| | 2006 | 2007 | 2008 |
| PURCHASES FROM U.S. IMPORTERS ¹ OF CHLOROPICRIN FROM.— | | | |
| CHINA: | | | |
| <i>quantity</i> | | | |
| <i>value</i> | | | |
| All other countries: | | | |
| <i>quantity</i> | | | |
| <i>value</i> | | | |
| PURCHASES FROM DOMESTIC PRODUCERS: ² | | | |
| <i>quantity</i> | | | |
| <i>value</i> | | | |
| PURCHASES FROM OTHER SOURCES: | | | |
| <i>quantity</i> | | | |
| <i>Value</i> | | | |
| ¹ Please list the name of the importer(s) from which you purchased this product. If your suppliers differ by source, please identify the source for each listed supplier. _____ _____ | | | |
| ² Please list the name of the domestic producer(s) from which you purchased this product. _____ _____ | | | |

II-12. **Toll production.**--Since January 1, 1984, has your firm been involved in a toll agreement (see definition in the instruction booklet) regarding the production of chloropicrin?

- No Yes--Name firm(s): _____.

II-13. **FTZ.**--Does your firm produce chloropicrin in a foreign trade zone (FTZ)?

- No Yes--Identify FTZ(s): _____.

PART II.--TRADE AND RELATED INFORMATION--Continued

II-14. **Direct imports.**--Since January 1, 2006, has your firm imported chloropicrin?

No

Yes--**COMPLETE AND RETURN A U.S. IMPORTERS' QUESTIONNAIRE**

II-15. **Effect of order.**--Describe the significance of the existing antidumping duty order covering imports of chloropicrin from China in terms of its effect on your firm's production capacity, production, U.S. shipments, inventories, purchases, employment, revenues, costs, profits, cash flow, capital expenditures, research and development expenditures, and asset values. You may wish to compare your firm's operations before and after the imposition of the order.

II-16. **Likely effect of revocation of order.**--Would your firm anticipate any changes in its production capacity, production, U.S. shipments, inventories, purchases, employment, revenues, costs, profits, cash flow, capital expenditures, research and development expenditures, or asset values relating to the production of chloropicrin in the future if the antidumping duty order on chloropicrin from China were to be revoked?

No

Yes--Supply details as to the time, nature, and significance of such changes and provide underlying assumptions, along with relevant portions of business plans or other supporting documentation for any trends or projections you may provide.

PART III.--FINANCIAL INFORMATION

Address questions on this part of the questionnaire to **David Boyland (202-708-4725; david.boyland@usitc.gov)**.

III-1. **Contact information (Financial).**--Who should be contacted regarding the requested financial information?

Company contact: _____
 Name and title

() _____
 Phone number E-mail address

III-2. **Accounting system.**--Briefly describe your financial accounting system.

A. When does your fiscal year end (month and day)? _____
 If your fiscal year changed during the period examined, explain below:

B.1. Describe the lowest level of operations (e.g., plant, division, company-wide) for which financial statements are prepared that include subject merchandise:

2. Does your firm prepare profit/loss statements for the subject merchandise:
 Yes No
3. How often did your firm (or parent company) prepare financial statements (including annual reports, 10Ks)? Please check relevant items below.
 Audited, unaudited, annual reports, 10Ks, 10 Qs,
 Monthly, quarterly, semi-annually, annually
4. Accounting basis: GAAP, cash, tax, or other comprehensive (specify) _____

Note: The Commission may request that your company submit copies of its financial statements, including internal profit-and-loss statements for the division or product group that includes chloropicrin, as well as those statements and worksheets used to compile data for your firm's questionnaire response.

III-3. **Cost accounting system.**--Briefly describe your cost accounting system (e.g., standard cost, job order cost, etc.).

III-4. **Allocation basis.**--Briefly describe your allocation basis, if any, for COGS, SG&A, and interest expense and other income and expenses.

PART III.--FINANCIAL INFORMATION--Continued

III-5. **Other products.**--Please list any other products you produced in the facilities in which you produced chloropicrin, and provide the share of net sales accounted for by these other products in your most recent fiscal year:

| <u>Products</u> | <u>Share of sales</u> |
|-----------------|-----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

III-6. **Raw materials from related firms.**--Does your company purchase inputs (raw materials, labor, energy, or any other services) used in the production of chloropicrin from any related company whose financial statements are ultimately consolidated with the financial statements of your firm?

Yes--Continue to question III-7 below No--Continue to question III-10 below

III-7. **Inputs from related firms.**--In the space provided below, identify the inputs used in the production of chloropicrin that your firm receives from related parties whose financial statements are consolidated with the financial statements of your firm.

| <u>Input</u> | <u>Related party</u> |
|--------------|----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

PART III.--FINANCIAL INFORMATION--Continued

III-8. **Inputs from related firms at cost.**--All intercompany profit on inputs purchased from related parties that is eliminated pursuant to formal financial statement consolidation should also be eliminated from the costs reported to the Commission in question III-10 (i.e., costs reported in question III-10, to the extent that they reflect inputs purchased from related parties, should only reflect the related party's cost and not include an associated profit component). Reasonable methods for determining and eliminating the associated profit on inputs purchased from related parties are acceptable.

Has your firm complied with the Commission's instructions regarding costs associated with inputs purchased from related parties?

Yes No—Please contact David Boyland (202-708-4725; david.boyland@usitc.gov).

III-9. **Nonrecurring charges.**--For each annual and interim period for which financial results are reported in question III-10, please indicate in the schedule below the specific nonrecurring charges, the particular expense/cost line items from question III-10 where the associated charges are included, a brief description of the charges, and the associated values (*in \$1,000*). Nonrecurring charges would include, but are not limited to, items such as asset write-offs and accelerated depreciation due to restructuring of the company's chloropicrin operations.

| Item | Fiscal years ended-- | | | January-September | |
|---|----------------------|-------|-------|-------------------|------|
| | _____ | _____ | _____ | 2008 | 2009 |
| Non-recurring charges: (In the far left column please provide a brief description of each nonrecurring charge and indicate the particular expense/cost line items where the associated charges are included in question III-10.) | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |

PART III.--FINANCIAL INFORMATION--Continued

III-10. **Operations on chloropicrin.**--Report the revenue and related cost information requested below on the chloropicrin operations of your U.S. establishment(s).¹ Do not report resales of products. Note that internal consumption and transfers to related firms must be valued at fair market value and purchases from related firms must be at cost.² Provide data for your three most recently completed fiscal years in chronological order from left to right. If your firm was involved in tolling operations (either as the toller or as the tollee) please contact David Boyland at (202) 708-4725 before completing this section of the questionnaire.

| Quantity (in 1,000 pounds) and value (in \$1,000) | | | |
|--|-----------------------------|-------|-------|
| Item | Fiscal years ended-- | | |
| | _____ | _____ | _____ |
| Net sales quantities: ³ | | | |
| Commercial sales | | | |
| Internal consumption | | | |
| Transfers to related firms | | | |
| Total net sales quantities | | | |
| Net sales values: ³ | | | |
| Commercial sales | | | |
| Internal consumption | | | |
| Transfers to related firms | | | |
| Total net sales values | | | |
| Cost of goods sold (COGS): ⁴ | | | |
| Nitromethane | | | |
| Other raw materials | | | |
| Total raw materials | | | |
| Direct labor | | | |
| Other factory costs | | | |
| Total COGS | | | |
| Gross profit or (loss) | | | |
| Selling, general, and administrative (SG&A) expenses: | | | |
| Selling expenses | | | |
| General and administrative expenses | | | |
| Total SG&A expenses | | | |
| Operating income (loss) | | | |
| Other income and expenses: | | | |
| Interest expense | | | |
| All other expense items | | | |
| Continued Dumping and Subsidy Offset Act funds received ⁵ | | | |
| All other income items | | | |
| All other income or expenses, net | | | |
| Net income or (loss) before income taxes | | | |
| Depreciation/amortization included above | | | |

¹ Include only sales (whether domestic or export) and costs related to your U.S. manufacturing operations.

² Please indicate the amount of profits or (losses) on inputs from related firms that were eliminated pursuant question III-8:

Year 1 _____ Year 2 _____ Year 3 _____ .

³ Less discounts, returns, allowances, and prepaid freight. The quantities and values should approximate the corresponding shipment quantities and values reported in Part II of this questionnaire.

⁴ COGS should include costs associated with internal consumption and transfers to related firms.

⁵ Please report funds received under this act in the period(s) in which they were received. Do not report these funds as an offset to operating expenses.

PART III.--FINANCIAL INFORMATION--Continued

III-10. Operations on chloropicrin.--Continued

| Quantity (in 1,000 pounds) and value (in \$1,000) | | |
|---|-------------------------------|-------------------------------|
| Item | January-September 2008 | January-September 2009 |
| Net sales quantities: ³ | | |
| Commercial sales | | |
| Internal consumption | | |
| Transfers to related firms | | |
| Total net sales quantities | | |
| Net sales values: ³ | | |
| Commercial sales | | |
| Internal consumption | | |
| Transfers to related firms | | |
| Total net sales values | | |
| Cost of goods sold (COGS): ⁴ | | |
| Raw materials | | |
| Direct labor | | |
| Other factory costs | | |
| Total COGS | | |
| Gross profit or (loss) | | |
| Selling, general, and administrative (SG&A) expenses: | | |
| Selling expenses | | |
| General and administrative expenses | | |
| Total SG&A expenses | | |
| Operating income (loss) | | |
| Other income and expenses: | | |
| Interest expense | | |
| All other expense items | | |
| Continued Dumping and Subsidy Offset Act funds received ⁵ | | |
| All other income items | | |
| All other income or expenses, net | | |
| Net income or (loss) before income taxes | | |
| Depreciation/amortization included above | | |
| <p>¹ Include only sales (whether domestic or export) and costs related to your U.S. manufacturing operations.</p> <p>² Please indicate the amount of profits or (losses) on inputs from related firms that were eliminated pursuant question III-8: January-September 2008 _____ January-September 2009 _____</p> <p>³ Less discounts, returns, allowances, and prepaid freight. The quantities and values should approximate the corresponding shipment quantities and values reported in Part II of this questionnaire.</p> <p>⁴ COGS should include costs associated with internal consumption and transfers to related firms.</p> <p>⁵ Please report funds received under this act in the period(s) in which they were received. Do not report these funds as an offset to operating expenses.</p> | | |

PART III.--FINANCIAL INFORMATION--Continued

III-11. **Asset values.**--Report the total assets associated with the production, warehousing, and sale of chloropicrin. If your firm does not maintain some or all of the specific asset data in the normal course of business, please estimate it based upon some rational method (such as production, sales, or costs) that is consistent with your cost allocations in the previous question. Your finished goods inventory value should reconcile with the inventory quantity data reported in Part II. Provide data as of the end of your three most recently completed fiscal years in chronological order from left to right.

| Item | Value (in \$1,000) | | |
|---|----------------------|-------|-------|
| | Fiscal years ended-- | | |
| | _____ | _____ | _____ |
| ASSETS associated with the production, warehousing, and sale of product: | | | |
| 1. Current assets: | | | |
| A. Cash and equivalents | | | |
| B. Accounts receivable, net | | | |
| C. Inventories | | | |
| D. Other (describe: _____) | | | |
| E. Total current assets (lines 1.A. through 1.D.) | | | |
| 2. Property, plant, and equipment | | | |
| A. Original cost of property, plant, and equipment | | | |
| B. Less: Accumulated depreciation | | | |
| C. Equals: Book value of property, plant, and equipment | | | |
| 3. Other (describe: _____) | | | |
| 4. Total assets (lines 1.E., 2.C., and 3) | | | |

III-12. **Capital expenditures and research and development expenses.**--Report your firm's capital expenditures and research and development expenses on chloropicrin. Provide data for your three most recently completed fiscal years in chronological order from left to right, and for the specified interim periods.

| Item | Value (in \$1,000) | | | | |
|-----------------------------------|----------------------|-------|-------|-------------------|------|
| | Fiscal years ended-- | | | January-September | |
| | _____ | _____ | _____ | 2008 | 2009 |
| Capital expenditures | | | | | |
| Research and development expenses | | | | | |

PART IV.--PRICING AND MARKET FACTORS

Further information on this part of the questionnaire can be obtained from **Aimee Larsen (202-205-3179, aimee.larsen@usitc.gov)**

IV-1. **Contact information (Price)**--Who should be contacted regarding the requested pricing and related information?

Company contact:

()

PRICE DATA

This section requests quarterly quantity and value data, f.o.b. your U.S. point of shipment, for your commercial shipments to unrelated U.S. customers since 2006 of the following products produced by your firm.

Product 1.—Chloropicrin (100 to 96 percent pure) sold in a 180,000 pound rail car container (base quantities on 100 percent equivalent)

Product 2.—Chloropicrin (100 to 96 percent pure) sold in a 50,000 pound ISO container (base quantities on 100 percent equivalent)

Please note that total dollar values should be f.o.b., U.S. point of shipment and should not include U.S.-inland transportation costs. Total dollar values should reflect the *final net* amount paid to you (i.e., should be net of all deductions for discounts or rebates). See instruction booklet.

PART IV.--PRICING AND MARKET FACTORS--Continued

IV-2. **Pricing data.**--Report below the quarterly price data¹ for pricing products² produced and sold by your firm.

| (Quantity in pounds, value in dollars) | | | | |
|---|------------------|--------------|------------------|--------------|
| Period of shipment | Product 1 | | Product 2 | |
| | Quantity | Value | Quantity | Value |
| 2006: | | | | |
| January-March | | | | |
| April-June | | | | |
| July-September | | | | |
| October-December | | | | |
| 2007: | | | | |
| January-March | | | | |
| April-June | | | | |
| July-September | | | | |
| October-December | | | | |
| 2008: | | | | |
| January-March | | | | |
| April-June | | | | |
| July-September | | | | |
| October-December | | | | |
| 2009: | | | | |
| January-March | | | | |
| April-June | | | | |
| July-September | | | | |

¹ Net values (*i.e.*, gross sales values less all discounts, allowances, rebates, prepaid freight, and the value of returned goods), f.o.b. your U.S. point of shipment.
² Pricing product definitions are provided on the first page of Part IV.

Note.--If your product does not exactly meet the product specifications but is competitive with the specified product, provide a description of your product:

Product 1: _____

Product 2: _____

PART IV.--PRICING AND MARKET FACTORS--Continued

IV-3. **Price setting.**-- How does your firm determine the prices that it charges for sales of chloropicrin (*check all that apply*)? If your firm issues price lists, please include a copy of a recent price list with your submission. If your price list is large, please only submit some sample pages.

- Transaction by transaction Contracts Set price lists
- Other--Please describe: _____
- _____
- _____

IV-4. **Discount policy.**-- Please indicate and describe your firm's discount policies (*check all that apply*).

- Quantity discounts Annual total volume discounts No discount policy
- Other--Please describe: _____
- _____
- _____

IV-5. **Pricing terms for chloropicrin.**--

- (a) What are your firm's typical sales terms for its U.S.-produced chloropicrin (*e.g.*, 2/10 net 30 days)? _____.
- (b) On what basis are your prices of domestic chloropicrin usually quoted? (check one)
- F.o.b.--Please specify point: _____ Delivered

IV-6. **Contract versus spot.**--Approximately what share of your firm's sales of its U.S.-produced chloropicrin in 2008 were on a (1) long-term contract basis (multiple deliveries for more than 12 months), (2) short-term contract basis (multiple deliveries up to and including 12 months), and (3) spot sales basis (for a single delivery)?

| <u>Type of sale</u> | <u>Share of sales (percent)</u> |
|----------------------|---------------------------------|
| Long-term contracts | _____ |
| Short-term contracts | _____ |
| Spot sales | _____ |

PART IV.--PRICING AND MARKET FACTORS--Continued

IV-7. **Long-term contract provisions.**--If you sell on a long-term contract basis, please answer the following questions with respect to provisions of a typical long-term contract.

- (a) What is the average duration of a contract? _____
- (b) Can prices be renegotiated during the contract period? Yes No
- (c) Does the contract fix quantity, price, or both? Quantity Price Both
- (d) Does the contract have a meet or release provision? Yes No

IV-8. **Short-term contract provisions.**--If you sell on a short-term contract basis, please answer the following questions with respect to provisions of a typical short-term contract.

- (a) What is the average duration of a contract? _____
- (b) Can prices be renegotiated during the contract period? Yes No
- (c) Does the contract fix quantity, price, or both? Quantity Price Both
- (d) Does the contract have a meet or release provision? Yes No

IV-9. **Lead times.**--What is the average lead time between a customer's order and the date of delivery for your firm's sales of your U.S.-produced chloropicrin?

| <u>Source</u> | <u>Share of sales in 2008</u> | <u>Lead time</u> |
|-------------------|-------------------------------|------------------|
| From inventory | _____ | _____ |
| Produced to order | _____ | _____ |
| Total | 100 % | |

IV-10. **Shipping information.**--

- (a) What is the approximate percentage of the total delivered cost of chloropicrin that is accounted for by U.S. inland transportation costs? _____ percent.
- (b) Who generally arranges the transportation to your customers' locations? (check one)
 Your firm or purchaser
- (c) What proportion of your sales are delivered within 100 miles of your production facility? _____ percent. Within 101 to 1,000 miles? _____ percent. Over 1,000 miles? _____ percent.

PART IV.--PRICING AND MARKET FACTORS--Continued

IV-11. **Geographical shipments.**-- Based on the quantity of your firm's U.S. shipments in 2008 as reported in response to question II-8 above, please indicate the percentage share for which each of the following geographic markets account. Please answer this question in reference to your sales to ultimate delivery destinations to customers in the United States.

| Geographic area | Share of U.S. shipments in 2008 <i>(in percent)</i> |
|---|--|
| Northeast. --CT, ME, MA, NH, NJ, NY, PA, RI, and VT. | |
| Midwest. --IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, and WI. | |
| Southeast. --AL, DE, DC, FL, GA, KY, MD, MS, NC, SC, TN, VA, and WV. | |
| Central Southwest. --AR, LA, OK, and TX. | |
| Mountains. --AZ, CO, ID, MT, NV, NM, UT, and WY. | |
| Pacific Coast. --CA, OR, and WA. | |
| Other. --All other markets in the United States not previously listed, including AK, HI, PR, VI, among others. | |
| Note.--These shares should be calculated from all reported U.S. shipments in 2008 (lines D, F, and H) from question II-8. | |

IV-12. **End uses.**--Describe the end uses of the chloropicrin that you manufacture. For each end-use product, what percentage of the total cost is accounted for by chloropicrin?

| <u>End use</u> | <u>Share of total cost (percent)</u> |
|----------------|--------------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

IV-13. **Changes in end uses.**--Have there been any changes in the end uses of chloropicrin since 1984?

No Yes--Please describe.

IV-14. **Anticipated changes in end uses.**--Do you anticipate any changes in terms of the end uses of chloropicrin in the future?

No Yes--Please describe and identify the time period. Provide any underlying assumptions, along with relevant portions of business plans or other supporting documentation that address this issue.

PART IV.--PRICING AND MARKET FACTORS--Continued

IV-15. **Substitutes.**--Please list in order of importance any products that may be substituted for chloropicrin. For each possible substitute product, please describe the degree of substitutability and indicate whether changes in the price of the substitute affect the price for chloropicrin, and to what degree, the length of any time lag of such an effect.

| Substitute | Description | Have changes in the prices of this substitute affected the price for chloropicrin? |
|-------------------|--------------------|---|
| 1. | | <input type="checkbox"/> No <input type="checkbox"/> Yes--Please explain. <hr/> <hr/> |
| 2. | | <input type="checkbox"/> No <input type="checkbox"/> Yes--Please explain. <hr/> <hr/> |
| 3. | | <input type="checkbox"/> No <input type="checkbox"/> Yes--Please explain. <hr/> <hr/> |
| 4. | | <input type="checkbox"/> No <input type="checkbox"/> Yes--Please explain. <hr/> <hr/> |
| 5. | | <input type="checkbox"/> No <input type="checkbox"/> Yes--Please explain. <hr/> <hr/> |

IV-16. **Changes in substitutes.**--Have there been any changes in the number or types of products that can be substituted for chloropicrin since 1984?

No Yes--Please explain.

PART IV.--PRICING AND MARKET FACTORS--Continued

IV-17. **Anticipated changes in substitutes.**--Do you anticipate any changes in terms of the substitutability of other products for chloropicrin in the future?

- No Yes--Please describe. Provide any underlying assumptions, along with relevant portions of business plans or other supporting documentation that address this issue.

IV-18. **Raw materials.**--To what extent have changes in the prices of raw materials affected your firm's selling prices for chloropicrin since 1984? Also discuss any anticipated changes in your raw material costs in the future, identifying the time period(s) involved and the factor(s) that you believe would be responsible for such changes. Provide any underlying assumptions, along with relevant portions of business plans or other supporting documentation that address this issue.

IV-19. **Changes in factors affecting supply.**--Have any changes occurred in any other factors affecting supply (e.g., changes in availability or prices of energy or labor; transportation conditions; production capacity and/or methods of production; technology; export markets; or alternative production opportunities) that affected the availability of U.S.-produced chloropicrin in the U.S. market since 1984?

- No Yes--Please note the time period(s) of any such changes, the factors(s) involved, and the impact such changes had on your shipment volumes and prices.

PART IV.--PRICING AND MARKET FACTORS--Continued

III-20. Changes in regulations.--

- (a) Have any changes occurred in regulations that affect the availability of U.S. produced chloropicrin in the U.S. market since 1984?

No Yes--Please note the types of regulations, the timing of the changes in regulations, and the impact of these regulations on your shipment volumes and prices.

- (b) Have any changes occurred in regulations that affect the demand for U.S. produced chloropicrin in the U.S. market since 1984?

No Yes-- Please note the types of regulations, the timing of the changes in regulations, and the impact of these regulations on your shipment volumes and prices.

IV-21. Availability of supply (U.S.-produced).—

- (a) Do you anticipate any changes in terms of the availability of U.S.-produced chloropicrin in the U.S. market in the future?

Increase No change Decrease

- (b) If you anticipate changes in supply, please identify the changes, including the time period and the impact of such changes on shipment volumes and prices. Provide any underlying assumptions, along with relevant portions of business plans or other supporting documentation that address this issue.

PART IV.--PRICING AND MARKET FACTORS--Continued

IV-22. **Availability of supply (nonsubject).**--Has the availability of NONSUBJECT chloropicrin (*i.e.*, chloropicrin imported from countries other than China) changed since 1984?

No Yes--Please explain.

IV-23. **Export constraints.**--Describe how easily your firm can shift its sales of chloropicrin between the U.S. market and alternative country markets. In your discussion, please describe any contracts, other sales arrangements, or other constraints that would prevent or retard your firm from shifting chloropicrin between the U.S. and alternative country markets within a 12-month period. Provide any underlying assumptions, along with relevant portions of business plans or other supporting documentation that address this issue.

IV-24. **Product changes.**--Have there been any significant changes in the product range, product mix, or marketing (including sales over the internet) of chloropicrin since 1984?

No Yes--Please describe and quantify if possible.

IV-25. **Anticipated product changes.**--Do you anticipate any changes in terms of the product range, product mix, or marketing (including sales over the internet) of chloropicrin in the future? Provide any underlying assumptions, along with relevant portions of business plans or other supporting documentation that address this issue.

No Yes--Please identify, including the time period.

PART IV.--PRICING AND MARKET FACTORS--Continued

IV-26. Demand trends.--

- (a) How has the demand within the United States for chloropicrin changed since January 1, 1984? What principal factors affect changes in demand?

Increased No Change Decreased Fluctuated

- (b) How has the demand outside the United States (if known) for chloropicrin changed since January 1, 1984? What principal factors affect changes in demand?

Increased No Change Decreased Fluctuated

IV-27. Anticipated demand trends.—

- (a) Do you anticipate any future changes in chloropicrin demand within the United States?

No Yes--Please describe and identify the time period. Provide any underlying assumptions, along with relevant portions of business plans or other supporting documentation that address this issue.

- (b) Do you anticipate any future changes in chloropicrin demand outside the United States?

No Yes--Please describe and identify the time period. Provide any underlying assumptions, along with relevant portions of business plans or other supporting documentation that address this issue.

PART IV.--PRICING AND MARKET FACTORS--Continued

IV-28. **Conditions of competition.**—

- (a) Is the chloropicrin market subject to business cycles or conditions of competition distinctive to chloropicrin?

No Yes--Please explain and provide estimates of the duration of any such cycle.

- (b) Has the emergence of new markets for chloropicrin since the imposition of the finding in 1984 affected the business cycles or conditions of competition distinctive to chloropicrin?

No Yes--Please explain any such changes.

PART IV.--PRICING AND MARKET FACTORS--Continued

IV-29. **Price comparisons.**--Please compare market prices of chloropicrin in U.S. and non-U.S. markets, if known. Provide specific information as to time periods and regions for any price comparisons.

IV-30. **Market studies.**--Please provide as a separate attachment to this request any studies, surveys, etc. that you are aware of that quantify and/or otherwise discuss chloropicrin supply (including production capacity and capacity utilization) and demand in (1) the United States, (2) each of the other major producing/consuming countries, including China, and (3) the world as a whole. Of particular interest is such data from 1984 to the present and forecasts for the future.

IV-31. **Barriers to trade.**--Are your exports of chloropicrin subject to any tariff or non-tariff barriers to trade in other countries?

- No Yes--Please list the countries and describe any such barriers and any significant changes in such barriers that have occurred since 1984, or that are expected to occur in the future.

IV-31. **Interchangeability.**--Is chloropicrin produced in the United States and in other countries interchangeable (*i.e.*, can they physically be used in the same applications)? Please indicate below, using "A" to indicate that the products from a specified country-pair are *always* interchangeable, "F" to indicate that the products are *frequently* interchangeable, "S" to indicate that the products are *sometimes* interchangeable, "N" to indicate that the products are *never* interchangeable, and "0" to indicate *no familiarity* with products from a specified country-pair.¹

| Country-pair | China | Other countries |
|--|-------|-----------------|
| United States | | |
| China | | |
| ¹ For any country-pair for which chloropicrin <i>sometimes</i> or <i>never</i> interchangeable, please explain the factors that limit or preclude interchangeable use: <hr/> <hr/> <hr/> <hr/> | | |

PART IV.--PRICING AND MARKET FACTORS--Continued

IV-32. **Factors other than price.**--Are differences other than price (*i.e.*, quality, availability, transportation network, product range, technical support, *etc.*) between chloropicrin produced in the United States and in other countries a significant factor in your firm's sales of the products? Please indicate below, using "A" to indicate that such differences are *always* significant, "F" to indicate that such differences are *frequently* significant, "S" to indicate that such differences are *sometimes* significant, "N" to indicate that such differences are *never* significant, and "0" to indicate *no familiarity* with products from a specified country-pair.¹

| Country-pair | China | Other countries |
|--|-------|-----------------|
| United States | | |
| China | | |
| <p>¹ For any country-pair for which factors other than price always or frequently are a significant factor in your firm's sales of chloropicrin, identify the country-pair and report the advantages or disadvantages imparted by such factors:</p> <hr/> <hr/> <hr/> <hr/> <hr/> | | |