

**U.S. PURCHASERS' 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. 731-TA-130 (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 purchased chloropicrin (as defined in the instruction booklet) <u>from any source</u> (domestic or foreign) at any time since January 1, 1984?</p> <p><input type="checkbox"/> <b>NO</b> (Sign the certification below and promptly return only this page of the questionnaire to the Commission)</p> <p><input type="checkbox"/> <b>YES</b> (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>
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**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**

The questions in this questionnaire have been reviewed with market participants to ensure that issues of concern are adequately addressed and that data requests are sufficient, meaningful, and as limited as possible. Public reporting burden for this questionnaire is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the questionnaire. Send comments regarding the accuracy of this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Office of Investigations, U.S. International Trade Commission, 500 E Street, SW, Washington, DC 20436.

I-1a. **OMB statistics.**--Please report below the actual number of hours required and the cost to your firm of preparing the reply to this questionnaire and completing the form.  
\_\_\_\_\_hours \_\_\_\_\_dollars

I-1b. **OMB feedback.**--We are interested in any comments you may have for improving this questionnaire in general or the clarity of specific questions. Please attach such comments to your response or send them to the above address.

I-2. **Establishments covered.**--Provide the name and address of establishment(s) covered by this questionnaire (see page 3 of the instruction booklet for reporting guidelines). If your firm is publicly traded, please specify the stock exchange and trading symbol.

\_\_\_\_\_  
\_\_\_\_\_

I-3. **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-4. **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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PART I.--GENERAL INFORMATION--Continued**

I-5. **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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I-6. **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-7. **Business plan.**--In Parts II and III 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.

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**PART II.--PURCHASES AND RELATED INFORMATION**

Further information on this part of the questionnaire can be obtained from **Aimee Larsen (202-205-3179, aimee.larsen@usitc.gov)**. **Supply all data requested on a calendar-year basis.**

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

Company contact: \_\_\_\_\_  
 Name and title

( ) \_\_\_\_\_  
 Phone number                      E-mail address

II-2. **Purchases.**--Report, as indicated below, your firm's purchases (either directly or through a sales agent or broker) of chloropicrin. Report based on delivery date, not order date.

<b>Quantity (in pounds) and value (in \$1,000)</b>			
<b>Item</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Purchases of chloropicrin produced in--</b>			
<b>The United States:</b>			
<i>Quantity</i>			
<i>Value</i>			
<b>China:</b>			
<i>Quantity</i>			
<i>Value</i>			
<b>All other countries:<sup>1</sup></b>			
<i>Quantity</i>			
<i>Value</i>			
<sup>1</sup> Please identify these countries: _____			
_____			

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

**II-3. Purchases before and after order.--**

- (a) Did your firm purchase chloropicrin from China before 1984?  
 No--skip to (c)       Yes
  
- (b) If yes, has your pattern of purchasing chloropicrin from China changed since 1984?  
 No, our pattern of purchasing is essentially unchanged.  
 Yes, we discontinued purchases from China because of the order.  
 Yes, we reduced purchases from China because of the order.  
 Yes, but we changed the pattern of purchases from China for reasons other than the order (please explain below).
  
- (c) Has your pattern of purchasing chloropicrin from nonsubject foreign sources (i.e., countries other than China) changed since 1984.  
 We did not purchase from nonsubject foreign sources before or after the order.  
 No, our pattern of purchasing is essentially unchanged.  
 Yes, we increased purchases from nonsubject countries because of the order.  
 Yes, but we changed our pattern of purchases from nonsubject countries for reasons other than the order (please explain below).

II-4. **Changes in purchasing patterns.**--If the relative levels of your firm's purchases of chloropicrin from different sources (both domestic and foreign) have changed since 1984 (the year the antidumping duty order under review became effective), please list the relative share from that country has increased or decreased, and state the reason.

Source of purchases	Trend	Explanation for trend
The United States	<input type="checkbox"/> Decreased <input type="checkbox"/> Increased <input type="checkbox"/> Constant <input type="checkbox"/> Fluctuated	<hr/> <hr/>
China	<input type="checkbox"/> Decreased <input type="checkbox"/> Increased <input type="checkbox"/> Constant <input type="checkbox"/> Fluctuated	<hr/> <hr/>
All other countries	<input type="checkbox"/> Decreased <input type="checkbox"/> Increased <input type="checkbox"/> Constant <input type="checkbox"/> Fluctuated	<hr/> <hr/>

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

II-5. **Supplier identification.**--Please identify below the names and addresses of your firm's **FIVE** largest suppliers for chloropicrin since 2006. Please also provide the name and telephone number of a contact person and the share of the quantity of your firm's total shipments of chloropicrin that each of these customers accounted for in 2008.

No.	Supplier's name	Street address ( <u>not</u> P.O. box), city, state, and zip code	Contact person	Telephone number or e-mail address	Share of 2008 purchases (%)
1					
2					
3					
4					
5					

**PART III.-- MARKET CHARACTERISTICS AND PURCHASING PRACTICES**

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

III-1. **Contact information (Market).**--Who should be contacted regarding the requested market characteristics and purchasing practices information?

Company contact: \_\_\_\_\_  
Name and title  
  
( ) \_\_\_\_\_  
Phone number                      E-mail address

III-2. **Firm type.**--Which of the following best describes your firm as a purchaser of chloropicrin (check all that apply, noting the specific end uses if known)?

- Blender
- Soil fumigation service provider
- Distributor
- Other (Describe: \_\_\_\_\_)

III-3. **Competition of sales.**--If you are a distributor or reseller of chloropicrin, do you compete for sales to your customers with the manufacturers or importers from which you purchase chloropicrin?

No                       Yes--Please describe

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III-4. **Types of customers.**--If your firm is a distributor or reseller of chloropicrin, what are the major types of consumers to which you sell chloropicrin?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART III.-- MARKET CHARACTERISTICS AND PURCHASING PRACTICES--Continued**

III-5. **End uses.**--If your firm is an end user of chloropicrin, list in order of quantity of chloropicrin consumed, the top 3 products for which your firm purchases chloropicrin as a component part or input. Please indicate what percentage of the total cost is accounted for by chloropicrin (and NOTE: this percentage should not add to 100 percent).

Product(s) you produce	Share of cost accounted for by chloropicrin (percent)
1.	
2.	
3.	

III-6. **Demand for end use products.**--

(a) If your firm is an end user of chloropicrin, has the demand for your firm's final products incorporating chloropicrin changed since 1984?

- Increased     
 Decreased     
 Fluctuated     
 No change

(b) Has this had any effect on your firm's demand for chloropicrin?

- No     
 Yes--Please describe

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III-7. **Changes in end uses.**--Have there been any changes in the end uses of chloropicrin since 1984?

- No     
 Yes--Please describe.

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III-8. **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.

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**PART III.-- MARKET CHARACTERISTICS AND PURCHASING PRACTICES--Continued**

III-9. **Substitutes.**--Please list in order of importance any products that may be substituted for chloropicrin. For each possible substitute product, please give examples of applications and end uses for which they are substitutes and indicate whether changes in the price of the substitute affect the price for chloropicrin, and to what degree, and 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/>

III-10. **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.

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**PART III.-- MARKET CHARACTERISTICS AND PURCHASING PRACTICES--Continued**

III-11. **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 and provide any underlying assumptions, along with relevant portions of business plans or other supporting documentation that address this issue.

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III-12. **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               Decreased               Fluctuated               No change

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(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               Decreased               Fluctuated               No change

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**PART III.-- MARKET CHARACTERISTICS AND PURCHASING PRACTICES--Continued**

**III-13. Anticipated demand trends.--**

(a) How do you anticipate demand will change within the United States for chloropicrin in the future? What principal factors that will affect these changes in demand?

- Increase       Decrease       Fluctuate       No change

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(b) How do you anticipate demand will change outside the United States for chloropicrin to in the future? What principal factors that will affect these changes in demand?

- Increase       Decrease       Fluctuate       No change

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III-14. **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.

III-15. **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.

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**PART III.-- MARKET CHARACTERISTICS AND PURCHASING PRACTICES--Continued**

**III-16. Changes in regulations.--**

(a) Have any changes occurred in regulations that affect the availability of 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.

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(b) Have any changes occurred in regulations that affect the demand for 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.

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III-17. **Shortages, allocations, and supply disruptions.**—Has your firm had any problems acquiring an adequate supply of chloropicrin (shortages, allocations or supply disruptions) since 1984?

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

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III-18. Is buying a product that is produced in the United States an important factor in your firm's purchases of chloropicrin (please check ALL that apply)?

- No  
 Yes--Purchases of domestic product are required by law or regulation (for example, government purchases under "Buy American" provisions). This involves \_\_\_ percent of all purchases of chloropicrin.  
 Yes--Purchases of domestic product are not required by law or regulation, but are by your customers. This involves \_\_\_ percent of all purchases of chloropicrin.  
 Yes--Purchases of domestic product are required for other reasons (please specify these reasons below). This involves \_\_\_ percent of all purchases of chloropicrin.

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**PART III.-- MARKET CHARACTERISTICS AND PURCHASING PRACTICES--Continued**

**III-19. 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.

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

- No                       Yes--Please explain any such changes.

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**III-20. Decisions based on producer.--Does your firm, and to the extent that you know, do your customers make purchasing decisions involving chloropicrin based on the producer of the chloropicrin you purchase?**

Your firm:                       Always                       Usually                       Sometimes                       Never

Your customers:                       Always                       Usually                       Sometimes                       Never

If at least sometimes, please discuss how your firm or your customers determine the producer and why this information is important.

Your firm: \_\_\_\_\_

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Your customers: \_\_\_\_\_

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**PART III.-- MARKET CHARACTERISTICS AND PURCHASING PRACTICES--Continued**

III-21. **Decisions based on country-of-origin.**--Does your firm, and to the extent that you know, do your customers make purchasing decisions involving chloropicrin based on the country of origin of the chloropicrin you purchase?

- Your firm:             Always             Usually             Sometimes             Never
- Your customers:     Always             Usually             Sometimes             Never

If at least sometimes, please discuss how your firm or your customers determine the source and why this information is important.

Your firm: \_\_\_\_\_  
\_\_\_\_\_

Your customers: \_\_\_\_\_  
\_\_\_\_\_

III-22. **Purchasing frequency.**--

(a) How frequently do you make purchases?

- Daily
- Weekly
- Monthly
- Quarterly
- Annually
- Other (specify) \_\_\_\_\_)

(b) Do you expect this purchasing pattern to change in the next two years?

- No             Yes-- How and why do you expect these changes to occur?

\_\_\_\_\_  
\_\_\_\_\_

III-23. **Number of suppliers contacted.**--How many suppliers do you generally contact before making a purchase?

\_\_\_\_\_  
\_\_\_\_\_

**PART III.-- MARKET CHARACTERISTICS AND PURCHASING PRACTICES--Continued**

**III-24. Supplier negotiations.--**

(a) Do purchases of chloropicrin usually involve negotiations between supplier and purchaser?

- No                       Yes--Please describe these negotiations. In your response, please comment on whether purchasers generally quote competing prices as part of the negotiation process.

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(b) Does your firm tend to vary its purchases from a given supplier within a specified time period based on the price offered for that period?

- No                       Yes--Specify the time period.

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**III-25. Change in suppliers.--Have you changed suppliers since 1984?**

- No                       Yes--Please list the supplier or suppliers and indicate whether the firm was added or dropped as a supplier. Also give the reasons for the change and how frequently you change suppliers.

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**PART III.-- MARKET CHARACTERISTICS AND PURCHASING PRACTICES--Continued**

**III-26. New suppliers.--**

(a) Are you aware of any new suppliers, either foreign or domestic, that have entered the market since 1984?

No                       Yes--Please identify the firms and indicate how you became aware of them.

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(b) Do you expect new chloropicrin suppliers to enter the market in the future?

No                       Yes--Please provide details, noting the specific future time period in your response.

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**III-27. Supplier qualification.--Do you require your suppliers to become certified or prequalified with respect to the quality, chemistry, strength, or other performance characteristic of the chloropicrin they sell to your firm?**

No                       Yes-- \_\_\_\_\_ percent of purchases in 2008                       Yes--all purchases

Please provide a general description of the certification or qualification process and the time required.

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**III-28. Factors considered vis-à-vis suppliers.--Briefly describe the factors that you consider when qualifying a new supplier (e.g., quality of product, reliability of supplier, etc.) and estimate the time it takes to certify or qualify a new supplier.**

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**PART III.-- MARKET CHARACTERISTICS AND PURCHASING PRACTICES--Continued**

III-29. **Failure to certify.**--Since 1984, have any domestic or foreign producers failed in their attempts to certify or qualify their chloropicrin with your firm or have any producers lost their approved status?

- No                       Yes--Please identify these firms, the countries where they are located, and the reasons why they failed the certification/qualification.

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III-30. **Purchasing factors.**--For the factors listed below, please rate each in terms of its importance in your purchase decision for chloropicrin.

	<b>Very important</b>	<b>Somewhat important</b>	<b>Not important</b>
Availability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination (lack of) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery terms .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery time .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discounts offered .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extension of credit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum qty requirements.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packaging .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product consistency .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality meets industry standards....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality exceeds industry standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product range.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability of supply .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical support/service .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. transportation costs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):			
_____ .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART III.-- MARKET CHARACTERISTICS AND PURCHASING PRACTICES--Continued**

III-31. **Major purchasing factors.**--Please list, in order of their importance, the three major factors generally considered by your firm in deciding from whom to purchase chloropicrin for any one order (examples include current availability, extension of credit, prearranged contracts, price, quality exceeding specifications or industry standards, range of supplier's product line, traditional supplier, etc.).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Other factors or comments: \_\_\_\_\_

III-32. **Quality characteristics.**--What characteristics does your firm consider when determining the quality of chloropicrin?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III-33. **Choice of product not based on price.**--If you purchased chloropicrin from one source although a comparable product was available from another source at a lower price, please explain your reasons for doing so (please specify by country, including the United States and both subject and nonsubject foreign countries). Possibilities might include transaction characteristics such as length of time to fill orders, minimum order size, reliability of supply, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III-34. **Frequency of decisions based on price.**--How often does your firm purchase the chloropicrin that is offered at the lowest price?

Always

Usually

Sometimes

Never

**PART III.-- MARKET CHARACTERISTICS AND PURCHASING PRACTICES--Continued**

III-35. **Price leaders.**--Please list the names of any firms you considered price leaders in the chloropicrin market since 1984. A price leader is defined as (1) one or more firms that initiate a price change, either upward or downward, that is followed by other firms, or (2) one or more firms that have a significant impact on prices. A price leader does not necessarily have to be the lowest priced supplier. For those firms identified as a price leader, please specify the time period in which a price change was communicated, whether the price change was upward or downward, and whether it covered a specific geographic region or a specific product type.

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III-36. **Frequency of price changes.**--How frequently does the price of the chloropicrin you are purchasing change?

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III-37. **Changes in U.S. industry.**--

(a) Please identify and discuss any improvements/changes in the U.S. chloropicrin industry since 1984 and explain fully, to the extent possible, the factor(s), including the order(s) under review, that was/(were) responsible for each improvement/change.

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**PART III.-- MARKET CHARACTERISTICS AND PURCHASING PRACTICES--Continued**

**III-37. Changes in U.S. industry.--Continued**

- (b) Please also discuss fully, to the extent possible, any improvements/changes that you anticipate in the future in the U.S. chloropicrin industry. Identify the specific future time period covered in your response, and discuss the factors that you believe would be responsible for each improvement/change.

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- III-38. **Effect of revocation.**--What do you think will be the likely effects of any revocation of the antidumping duty order for imports of chloropicrin from China? Would it likely affect your purchases from China or nonsubject countries? As appropriate, please discuss any potential effects of revocation of the antidumping duty order on (1) the future activities of your firm and (2) the U.S. market as a whole. Please note the future time period to which you are referring. Attach additional pages if necessary.

(1) Activities of your firm: \_\_\_\_\_

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(2) Entire U.S. market: \_\_\_\_\_

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**PART IV.-- PRODUCT COMPARISONS**

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 (Product Comparisons)**--Who should be contacted regarding the requested production comparison information?

Company contact: \_\_\_\_\_  
 Name and title

( ) \_\_\_\_\_  
 Phone number E-mail address

IV-2. **Country knowledge**--Please indicate the countries of origin for chloropicrin for which your firm has actual marketing/pricing knowledge.

- United States
- China
- Other countries (Please specify \_\_\_\_\_ )

IV-3. **Interchangeability by country-pair**--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 "O" to indicate *no familiarity* with products from a specified country-pair.<sup>1</sup>

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

**PART IV.-- PRODUCT COMPARISONS--Continued**

IV-4. **Country preferences.**--Do you or your customers ever specifically order chloropicrin from one country in particular over other possible sources of supply?

- No             Yes--Please identify all relevant countries (including the United States and both subject and nonsubject foreign countries) from which you or your customers prefer to order, and indicate why chloropicrin from these countries is preferred over product from other countries (please note the specific product in your response).

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IV-5. **Availability of merchandise.**--Are certain grades/types/sizes of chloropicrin available from only a single source (domestic or foreign, including both China and nonsubject countries)?

- No             Yes--Please identify the source and the grade/type/size.

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**PART IV.-- PRODUCT COMPARISONS--Continued**

IV-6. **Factor country comparisons.**--For the factors listed below, please rate how chloropicrin produced in each country you identified in your response to the first question in Part IV compares with chloropicrin produced in each of the other countries you identified (including the United States and both subject and nonsubject foreign countries).

	<u>product from U.S.</u> compared to <u>product from China</u>			<u>product from U.S.</u> compared to <u>product from nonsubject countries</u>			<u>product from China</u> compared to <u>product from Nonsubject countries</u>		
	Superior	Comparable	Inferior	Superior	Comparable	Inferior	Superior	Comparable	Inferior
<b>Quality</b>									
Availability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination (lack of) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery time .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discounts offered .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extension of credit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price <sup>1</sup> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum quantity requirements.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packaging .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product consistency .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality meets industry standards.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality exceeds industry standards.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product range.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability of supply .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical support/service .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. transportation costs <sup>1</sup> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):									
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

