

**Request For Court Hearing**  
(Before Signing See Information Below)

Patient's Name (Last, First, MI) **Blayk** **ANNE** **ROSE** **BLAYK**  
A00082793308 M000597460  
05/01/1956 60 M '1956  
Rahman, Mafuzur BSU 214-02  
Facility Name **Stuyvesant Psychiatric Center** Unit Ward Residence No.

Part I Request	Admission Date		Current Legal Status
	<u>12</u> Mo	<u>25</u> Day <u>2016</u> Yr.	

To: Facility Director

I REQUEST THAT A COURT HEARING BE HELD TO DETERMINE WHETHER THE PATIENT NAMED ABOVE IS NEED OF INVOLUNTARY HOSPITALIZATION.

Signature <i>Bonze Blayk</i>	Print Name Signed <i>Bonze Anne Rose Blayk</i>	If Not Patient, State Relationship <i>SELF</i>	Date Signed <u>12</u> Mo <u>25</u> Day <u>16</u> Yr.
---------------------------------	---	---	---

**Part II Information**  
**Mental Hygiene Legal Service**

RECEIVED 12/25/16  
© 1020  
*[Signature]*

The Mental Hygiene Legal Service is an agency of the New York State Office of Court Administration which provides protective legal services, advice and assistance, including representation, to all patients admitted to psychiatric facilities. Patients are entitled to be informed of their rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

There is a Mental Hygiene Legal Service office in many psychiatric hospitals. Where there is no office at the hospital, a representative of the Service visits periodically and frequently. Any patient or anyone in his or her behalf may see or communicate with a representative of the Service by telephoning or writing directly to the office of the Service or by requesting someone of the patient's ward to make such arrangements for him or her. The Mental Hygiene Legal Service representative for this hospital may be reached at: \_\_\_\_\_

**General Information**

Copies of any written request for a Court Hearing, along with a record of the patient, will be forwarded by the director to the appropriate court and the Mental Hygiene Legal Service.

The Court Hearing will be held in the County in which the facility is located, unless a specific request for another location is made and is permitted by law.

You and other interested parties will be notified by the court as to the time and place of the hearing.

If you have any questions, feel free to ask any staff member of this facility for assistance.



# "STAGE FRIGHT"

January 16, 2014

"One waits in vain for psychologists to state the limits of their knowledge."

- Noam Chomsky  
Professor Emeritus of Linguistics  
Massachusetts Institute of Technology

Since October 2014, I have been engaged in a "network war" against vicious and unprincipled computer hackers, who started off by sabotaging my primary work computer at databeast, Inc., an Early 2009 "yosemite" Mac Pro with 8 Xeon cores, 24GB of ECC RAM, and some 5TB of Aisk installed.

Since that time, I have been working with the authorities on the network, e.g. Verizon, in a role as an "ideal victim," to ensnare these lawbreakers and bring them ~~to~~ <sup>develop and</sup> justice. I do hold a license to <sup>develop and</sup> distribute encryption software, and export it from the United States, which places me (and my firm, databeast, Inc.) in a "special relationship" with the federal authorities - particularly, the FBI and the National Security Agency.

Sincerely,  
Bonnie Rose Blayk

databeast, Inc.

1668 Trumansburg Rd.

Ithaca, NY 14850

(The 600-sqft. office located within my 3,600-sqft HOME)

Bonnie Rose Blayk

President, databeast, Inc.

Developers of "data (net)-Secure"



**NOTICE OF STATUS AND RIGHTS  
EMERGENCY ADMISSION**(to be given to the patient at the time of  
admission to the hospital)

Section 9.39 Mental Hygiene Law

Patient's Name (Last, First, M.I.)

"C" No.



BLAYK, BONZE ANNE ROSE

Sex

A00082793308

M000597460

05/01/1956 60

ED

Facility Name

Unit/Ward Residence No.

Date of arrival  
at Hospital:12 24 16  
Mo. Day Yr.TO: Blayk, Bonze Anne Rose

Based upon an examination by a staff physician, you have been admitted as an emergency-status patient to this hospital for persons with mental illness because you are alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate. It also alleged that such mental illness is likely to result in serious harm, which according to Section 9.01 of the Mental Hygiene Law means "(a) a substantial risk of physical harm to the person as manifested by threats of, or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself, or (b) a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm." Within 48 hours of the time of your admission, you will be examined by another physician, who is a member of the psychiatric staff of the hospital. If he or she confirms the first physician's findings, you may then be kept in the hospital for a period of up to 15 days from the date of your arrival. During this 15 day period you may be released, converted to involuntary status, or asked to remain as a voluntary or informal patient.

You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this hospital.

If you, or those acting on your behalf, believe that you do not need immediate observation, care and treatment, you or they may make a written request for a court hearing that will take place as soon as possible, and in any event, within 5 days after the request is received by the hospital. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

**MENTAL HYGIENE LEGAL SERVICE**

The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at:

**MENTAL HYGIENE LEGAL SERVICE 607-277-9262**

240-5360

**THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.**

Signature of Staff Physician

Date

COPIES TO: Persons designated by patient to be informed of admission.  
(If None, type in "NONE".)

A "Chop" is NOT a legal signature



**NOTICE OF STATUS AND RIGHTS  
CONVERSION TO INVOLUNTARY STATUS**

(to be given to the patient at the time of  
conversion to involuntary status)

Section 9.27 Mental Hygiene Law

Patient's Name (Last, First, MI)

ID No.



BLAYK, BONZE ANNE ROSE  
A00082793308 M000597460  
05/01/1956 60 F  
Ehmke, Clifford BSU 202-01

Sex

Facility Name

Home or Residence No.

YOU CANNOT  
LEGALLY  
CHANGE 'SEX' ON THE FLY  
- BARR

TO: Bonze Anne Rose Blayk

Admission Date To Inpatient Care:	Mo	Day	Yr
Conversion Date:	Mo	Day	Yr

NO  
DATES

Based upon the certificates of two examining physicians, you have been converted to involuntary status at this hospital which provides care and treatment for persons with mental illness. You may be kept in the hospital for a period of up to 60 days from the date of your initial admission to inpatient care (if you were previously an emergency-status or C.P.E.P. emergency-status patient), or up to 60 days from the date of conversion (if you were previously a voluntary-status or informal status patient), unless you have had a court hearing, or an application has been filed for a court hearing. During this 60 day period you may be released, or converted to voluntary or informal status, if you are willing to continue receiving inpatient care and treatment and are suitable for such status.

You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of the hospital.

If you, or those acting on your behalf, believe that you do not need involuntary care and treatment, you or they may make a written request for a court hearing. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

**MENTAL HYGIENE LEGAL SERVICE**

The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at:

240-5360

**MENTAL HYGIENE LEGAL SERVICE 607-271-9202**

THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.

[Signature] MD

Signature of Staff Physician

1/6/17

Signature differs from "TO" application - !

COPIES TO:

COPIES TO: Persons designated by patient to be informed of admission.  
(If None, type in "NONE".)

(Original Applicant)

No signature - BARR 1/16/17

(Nearest Relative)



## EVALUATION FOR TREATMENT OVER OBJECTION

### Patient Identifying Information:

Name: Bonze Anne Rose Blayk

Status: Involuntary 9.39

Unit: 2N

DOB: 05/01/1956

### SECTION I -- CLINICAL ASSESSMENT

#### CLINICAL SUMMARY:

The patient is a 60 y.o. divorced, white male to female transgender with a history of psychotic illness who was transported to the hospital by the police on December 25, 2016 following an altercation she allegedly started at a local gas station. The patient presented as agitated and paranoid and, since admission, has continued to be uncooperative with evaluation or treatment. The best we can ascertain, given her limited willingness to share relevant history, is that she has been removed from her local apartment, as well as several hotels and short-stay residential settings, presumably due to agitation and paranoia. The patient is delusional, claiming to be a federal government employee who is a victim of persecution from an international computer hacking ring called "The Black Hat Crackers." She is suspicious, hostile and non-compliant, refusing group activities, one-to-one interviews and medications. She is not able to participate in either treatment or meaningful discharge planning.

#### PATIENT DIAGNOSIS:

Unspecified Psychotic Disorder

### SECTION II -- PROPOSED TREATMENT

[ Dated: December 29, 2016 Clifford J. Ehmke MD ]  
[ Title: Psychiatrist ]



## EVALUATION FOR TREATMENT OVER OBJECTION

### Patient Identifying Information:

Name: Bonze Anne Rose Blayk

Status: Involuntary 9.39

Unit: 2N

DOB: 05/01/1956

### SECTION I -- CLINICAL ASSESSMENT

#### CLINICAL SUMMARY:

The patient is a 60 y.o. divorced, white male to female transgender with a history of psychotic illness who was transported to the hospital by the police on December 25, 2016 following an altercation she allegedly started at a local gas station. The patient presented as agitated and paranoid and, since admission, has continued to be uncooperative with evaluation or treatment. The best we can ascertain, given her limited willingness to share relevant history, is that she has been removed from her local apartment, as well as several hotels and short-stay residential settings, presumably due to agitation and paranoia. The patient is delusional, claiming to be a federal government employee who is a victim of persecution from an international computer hacking ring called "The Black Hat Crackers." She is suspicious, hostile and non-compliant, refusing group activities, one-to-one interviews and medications. She is not able to participate in either treatment or meaningful discharge planning.

#### PATIENT DIAGNOSIS:

Unspecified Psychotic Disorder

### SECTION II -- PROPOSED TREATMENT

[ Dated: Dec 29, 2016 ]

[ Timothy P. Lowry MD ]

(signed with "chop") ]

Title: Psychiatrist ]



# NOTICE OF STATUS AND RIGHTS CONVERSION TO INVOLUNTARY STATUS

(to be given to the patient at the time of  
conversion to involuntary status)

Section 9.27 Mental Hygiene Law

Patient's Name (Last, First, MI)

UT No.



BLAYK, BONZE ANNE ROSE

A00082793308

M000597460

05/01/1956 60

F

Sex

Ehmke, Clifford BSU 202-01

Facility Name

Unit/Ward/Residence No.

TO: Bonze Anne Rose Blayk

Admission Date  
To Inpatient Care:

Mo. Day Yr.

Conversion Date:

Mo. Day Yr.

Based upon the certificates of two examining physicians, you have been converted to involuntary status at this hospital which provides care and treatment for persons with mental illness. You may be kept in the hospital for a period of up to 60 days from the date of your initial admission to inpatient care (if you were previously an emergency-status or C.P.E.P. emergency-status patient), or up to 60 days from the date of conversion (if you were previously a voluntary-status or informal status patient), unless you have had a court hearing, or an application has been filed for a court hearing. During this 60 day period you may be released, or converted to voluntary or informal status, if you are willing to continue receiving inpatient care and treatment and are suitable for such status.

You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of the hospital.

If you, or those acting on your behalf, believe that you do not need involuntary care and treatment, you or they may make a written request for a court hearing. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

## MENTAL HYGIENE LEGAL SERVICE

The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at:

**MENTAL HYGIENE LEGAL SERVICE 607-~~274-9262~~**

240-5360

THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.

[Signature]

Signature of Staff Physician

1/6/17

Date

COPIES TO:

(Original Applicant)

COPIES TO: Persons designated by patient to be informed of admission.  
(If None, type in "NONE".)

(Nearest Relative)

A copy of this Notice of Status and Rights is also being sent to the Mental Hygiene Legal Service.  
State and Federal Laws prohibit discrimination based on race, color, creed, national origin,  
sexual orientation, military status, age, sex, marital status or disability.



**NOTICE OF STATUS AND RIGHTS  
EMERGENCY ADMISSION**(to be given to the patient at the time of  
admission to the hospital)

Section 9.39 Mental Hygiene Law

Patient's Name (Last, First, M.I.)

"C" No.



BLAYK, BONZE ANNE ROSE

Sex A00082793308

M000597460

05/01/1956 60

M

ED

Facility Name

Unit/Ward Residence No.

TO:

Blayk, Bonze Anne RoseDate of arrival  
at Hospital:

12

24

16

Mo.

Day

Yr.

Based upon an examination by a staff physician, you have been admitted as an emergency-status patient to this hospital for persons with mental illness because you are alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate. It also alleged that such mental illness is likely to result in serious harm, which according to Section 9.01 of the Mental Hygiene Law means "(a) a substantial risk of physical harm to the person as manifested by threats of, or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself, or (b) a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm." Within 48 hours of the time of your admission, you will be examined by another physician, who is a member of the psychiatric staff of the hospital. If he or she confirms the first physician's findings, you may then be kept in the hospital for a period of up to 15 days from the date of your arrival. During this 15 day period you may be released, converted to involuntary status, or asked to remain as a voluntary or informal patient.

You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this hospital.

If you, or those acting on your behalf, believe that you do not need immediate observation, care and treatment, you or they may make a written request for a court hearing that will take place as soon as possible, and in any event, within 5 days after the request is received by the hospital. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

**MENTAL HYGIENE LEGAL SERVICE**

The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at:

**MENTAL HYGIENE LEGAL SERVICE 607-271-9262**

240-5360

**THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.**

Signature of Staff Physician

Date

COPIES TO: Persons designated by patient to be informed of admission.  
(If None, type in "NONE".)

A copy of this Notice of Status and Rights is also being sent to the Mental Hygiene Legal Service.

State and Federal Laws prohibit discrimination based on race, color, creed, national origin, age, sex, or disability.



Behavioral Services Unit - Adult Program

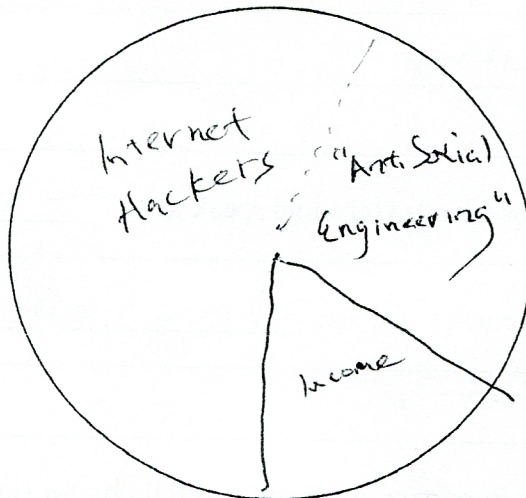
**INDIVIDUALIZED TREATMENT PLAN**

LEGALLY  
'F'

The treatment team would like to know the problems you are currently experiencing so that we can most effectively help you. Please identify three problems you would like help with during your admission.

1. Harassment from "Internet Hackers"
2. Let's, and no, you folks cannot help me with these...
3. Need to increase income (I no, you don't have the faintest idea what I DO. R.L.)

Now divide the circle below into sections to rank the importance of each problem. For example, if family stressors are the most important problem you would like to address, divide the circle in half.



In helping you to address these problems, please identify your strengths. Strengths include things you like about yourself, things you are good at, and nice things others say about you.

I'm "Tested to 60", perseverance in the face of adversity,  
excellent upbringing by wonderful parents, and a GREAT  
education at UT Austin (BA, High Honors), + 30 years exp in networking  
starting with 8 1/2 yrs as a Systems Programmer at Cornell University.

Family/partner/spouse/friends have an important role in your treatment. Please identify strengths of your family. Strengths may include things you do well together, things you enjoy doing, and family members who you feel supported by.

Both of my parents, Earl L. Savanders Jr. & Jean Cox Savanders, have  
passed on. My brother doesn't communicate much outside of Facebook  
but is generally supportive - Mike lives in Hayward CA, and has  
promised to me \$10,000.

Otherwise, my beloved, Lenore Qualls, called here on Monday 1/23/17,  
and I hope to see her soon.

Sincerely,  
Bonze Anne Rose Blayk  
1/24/17



Behavioral Services Unit – Adult Program  
**CALMING PLAN**

**PURPOSE:** To help our clients identify tools and techniques that can be used to reduce stress, anger and frustration.

Identify your triggers and warning signs: HARASSMENT / MENACING.  
Letter from PTSD (Kevin Field diagnosed this).

Warning signs? I RAISE MY VOICE AND THAT IS ALL I DO.  
**INSTRUCTIONS:** Please identify in each category what tools and/or techniques you could be encouraged to use when you are in a state of crisis.

1. Relaxation Technique(s): ✓
2. Physical Activity: walking
3. Low impact Activity: \_\_\_\_\_
4. Identify family members or friends you could speak to: \_\_\_\_\_
5. Call therapist or other emergency contact: Kevin Field PhD
6. Snack on comfort food: \_\_\_\_\_
7. The one thing that is most important to me and worth living for is and why:  
Fighting Nazism is the cause of Christian benevolence.
8. My favorite creative outlets are: Creative Writing & playing and composing music - NETWORKING on Facebook, LinkedIn, etc
9. Write in my journal. Facebook? LOL
10. Move to another location away from immediate stressor. HAVE THE MENACE REMOVED FROM MY location, thank you!
11. Identify places in your community that provide an escape from stress/crisis:  
HOME - At 1668 Trumansburg Rd, where I hope soon to resolve issues regarding repeated intrusions into my privacy.

During your stay you will be encouraged to use the COMFORT ROOM to help reduce stress and anxiety with the hope that you can incorporate these techniques into your stress management routine at home.





~~XXXXXX~~, BONZE ANNE ROSE  
A00082793308 M000597460  
05/01/1956 60 M  
ED

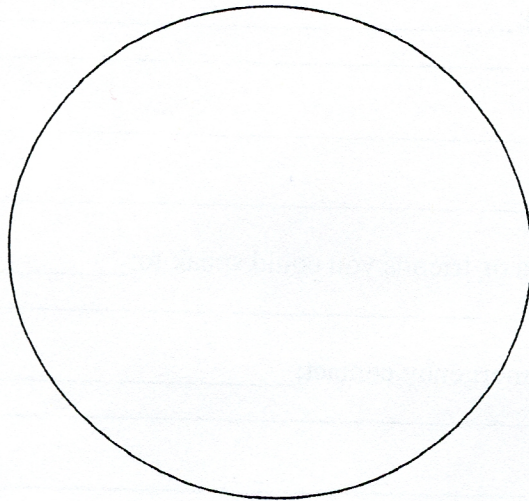
Behavioral Services Unit - Adult Program

**INDIVIDUALIZED TREATMENT PLAN**

The treatment team would like to know the problems you are currently experiencing so that we can most effectively help you. Please identify three problems you would like help with during your admission.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Now divide the circle below into sections to rank the importance of each problem. For example, if family stressors are the most important problem you would like to address, divide the circle in half.



In helping you to address these problems, please identify your strengths. Strengths include things you like about yourself, things you are good at, and nice things others say about you.

---

---

---

Family/partner/spouse/friends have an important role in your treatment. Please identify strengths of your family. Strengths may include things you do well together, things you enjoy doing, and family members who you feel supported by.

---

---

---





Behavioral Services Unit – Adult Program  
**CALMING PLAN**

**PURPOSE:** To help our clients identify tools and techniques that can be used to reduce stress, anger and frustration.

Identify your triggers and warning signs: \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS:** Please identify in each category what tools and/or techniques you could be encouraged to use when you are in a state of crisis.

1. Relaxation Technique(s): \_\_\_\_\_  
\_\_\_\_\_
2. Physical Activity: \_\_\_\_\_
3. Low impact Activity: \_\_\_\_\_
4. Identify family members or friends you could speak to: \_\_\_\_\_  
\_\_\_\_\_
5. Call therapist or other emergency contact: \_\_\_\_\_  
\_\_\_\_\_
6. Snack on comfort food: \_\_\_\_\_
7. The one thing that is most important to me and worth living for is and why: \_\_\_\_\_  
\_\_\_\_\_
8. My favorite creative outlets are: \_\_\_\_\_  
\_\_\_\_\_
9. Write in my journal.
10. Move to another location away from immediate stressor.
11. Identify places in your community that provide an escape from stress/crisis: \_\_\_\_\_  
\_\_\_\_\_

During your stay you will be encouraged to use the COMFORT ROOM to help reduce stress and anxiety with the hope that you can incorporate these techniques into your stress management routine at home.



**CORNELL UNIVERSITY**

FOR MERIT

**Kevin Eric Saunders**  
Network Programmer/Analyst  
Network System Services

Cornell Information Technologies  
Division of Network Resources  
8524 Caldwell Hall  
Ithaca, NY 14853-2602

now known as -

**AnneRose Blayk**  
... MUSEcenter

Telephone: 607-255-6525  
Facsimile: 607-255-5771  
Electronic Mail Address:  
kes1@cornell.edu



UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF EXPORT ADMINISTRATION  
WASHINGTON, D.C. 20230

APPLICATION REVIEWED BY THE NSA AND FBI

08/21/2001  
CCATS #: G021989  
PAGE NO: 1

DATABEAST, INC  
ATTN: KEVIN ERIC SAUNDERS  
1668 TRUMANSBURG ROAD  
  
ITHACA, NY 14850-9213

**databeast, inc.**  
network software systems

1668 Trumansburg Road  
Ithaca, NY 14850-9213  
607-277-5808

Kevin Eric Saunders a/k/a bonze blayk  
President  
kes1@cornell.edu

The following information is in response to your inquiry of 07/02/2001 requesting licensing information for:

Item	Export Control Classification Number and Paragraph	License Exceptions Available	Country Chart Column (reason for control)	LVS Dollar Value Limit
1) DATACOMET-SECURE FOR MACINTOSH OFFERS TELNET/TN3270 (KERBEROS 5 AUTHENTICATION) OR SECURE SHELL (SSH1/SSH2) CONNECTIONS. DATA MAY BE COMPRESSED (ZLIB) AND ENCRYPTED USING 56-BIT DES, 168-BIT 3-DES, OR 128-BIT BLOWFISH ALGORITHMS.	5D002	ENC	NSI AT1	
MODEL NUMBER: DATACOMET-SECURE 5.0	(C.1)		National Security & Anti-Terrorism	
COMMENTS FROM LICENSING OFFICER:			- reasons for control - of dataComet-Secure	
ITEM #1: THIS ENCRYPTION ITEM IS ELIGIBLE FOR LICENSE EXCEPTION ENC UNDER SECTIONS 740.17(B)(3) OF THE EXPORT ADMINISTRATION REGULATIONS				

See the other side of this form for information on determining which countries require a license for the above items. For Shipments to these destinations, an export license is required from the Bureau of Export Administration.

Items otherwise eligible for export or reexport under a License Exception or NLR (no license required) and used in the design, development, production or use of nuclear, chemical or biological weapons or missiles require a license for export or reexport as provided in part 744 of the Export Administration Regulations (EAR).

NORMAN LACROIX  
DIVISION DIRECTOR

FOR INFORMATION CONCERNING  
THIS CLASSIFICATION CONTACT  
LYNNE-MARIE GRIFFIN  
PHONE #: (202) 482-5725  
BXA/STC/IT

FORM BXA-5002 (REV. 7-96)

Commerce Control List Overview and the Country Chart

Supplement No. 1 to Part 738--page 1

Commerce Country Chart

Reason for Control

Countries	Chemical & Biological Weapons			Nuclear Nonproliferation		National Security		Missile Tech	Regional Stability		Firearms Convention	Crime Control			Anti-Terrorism	
	CB 1	CB 2	CB 3	NP 1	NP 2	NS 1	NS 2	MT 1	RS 1	RS 2	FC 1	CC 1	CC 2	CC 3	AT 1	AT 2
Afghanistan	X	X	X	X		X	X	X	X	X		X		X		
Albania	X	X		X		X	X	X	X	X		X	X			
Algeria	X	X		X		X	X	X	X	X		X		X		
Andorra	X	X		X		X	X	X	X	X		X		X		