

First Name _____	Last Name _____
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Business Name: _____

Business Address: same as home address **or:**
Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Business Phone: _____ **Business Fax:** _____ **DUNS #:** _____

Email: _____ **Website:** _____

Type of Business (choose primary category)

<input type="checkbox"/> Construction	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Administrative & Support
<input type="checkbox"/> Information	<input type="checkbox"/> Finance and Insurance	<input type="checkbox"/> Arts, Entertainment & Recreation	<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting
<input type="checkbox"/> Mining	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Health Care & Social Assistance	<input type="checkbox"/> Management of Companies & Enterprises
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Public Administration	<input type="checkbox"/> Real Estate & Rental & Leasing	<input type="checkbox"/> Other Personal Services (except Public Administration)
<input type="checkbox"/> Utilities	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Transportation & Warehousing	<input type="checkbox"/> Professional, Scientific & Technical Services
			<input type="checkbox"/> Waste Management & Remediation Services

Are you currently exporting? Yes No (If yes, please ask a staff member for a form on which you can identify the countries to which you are exporting)

Month and Year Business Started: ____/____	Business Ownership: What percentage of your business is male or female ownership? ____% Female ____% Male	Business Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
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employees besides yourself: ____ Full-time ____ Part-time ____ Seasonal **# engaged in exporting:** ____
contractors besides yourself: ____ Full-time ____ Part-time ____ Seasonal **# engaged in exporting:** ____

For your last 12 months in business, what were your:
Gross Revenue / Sales: \$ _____ Profits (+) / Losses (-): \$ _____ Sales related to exporting: \$ _____

For your last 12 months in business, what were your:
of New Employees _____ # of Employees Retained _____ Decrease in Employees _____

Business legal structure: Sole Proprietorship Corporation LLC S-Corporation Partnership
 Other: _____

Business Description:

Request for Counseling / Signature (for counseling clients only)

Client Signature: _____ _____	Date: _____ _____
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