

**Office of International Business Development**

**State Trade Expansion Program (STEP)  
Client Application**

Company Information			
Company Name			
Address			
City		State	Zip
Telephone	Fax	Website	
County	Year Established	Number of Employees	
Type of Business -- Select Type --	Primary NAICS Code	Annual Sales -- Select Range --	
FEIN Number	PA Vendor Number	DUNS Number	

**International Business Development**

Exporting Experience	
Is your company new to exporting?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Estimated annual export sales, in US\$:	

Product or Service Profile
Insert a short description of your company's products or services for export.

### Overall International Business Objectives

Check all that apply.

<input type="checkbox"/> Agents / Representatives	<input type="checkbox"/> Research Development
<input type="checkbox"/> Distributors	<input type="checkbox"/> Sales Leads / Contacts
<input type="checkbox"/> Joint Venture Partner	<input type="checkbox"/> Strategic Alliance Prospects
<input type="checkbox"/> Licensee	<input type="checkbox"/> Technology Acquisition / Transfer
<input type="checkbox"/> Marketing Alliances	<input type="checkbox"/> Technology Transfer
<input type="checkbox"/> Product Development	<input type="checkbox"/> Tender / Offer
<input type="checkbox"/> Other:	

### Markets of Interest

List up to five (5) markets that your company intends to pursue, if known.

Include the Timeframe (i.e. immediately, in 3 months, in 6 months) and Export Status for each.

Country	Timeframe	Export Status for this Market -- Select Status --
Country	Timeframe	Export Status for this Market -- Select Status --
Country	Timeframe	Export Status for this Market -- Select Status --
Country	Timeframe	Export Status for this Market -- Select Status --
Country	Timeframe	Export Status for this Market -- Select Status --

### Market Concerns & Training Needs

Check all that apply.

<input type="checkbox"/> Commercial Risk	<input type="checkbox"/> Legal Requirements
<input type="checkbox"/> Copyrights	<input type="checkbox"/> Patents / Patent Enforcement
<input type="checkbox"/> Duties & Tariffs	<input type="checkbox"/> Political Risk
<input type="checkbox"/> Economic Risk	<input type="checkbox"/> Regulations / Certifications
<input type="checkbox"/> Export Compliance	<input type="checkbox"/> Shipping / Logistics
<input type="checkbox"/> Export Financing	<input type="checkbox"/> Trademark
<input type="checkbox"/> Intellectual Property Issues	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other:	

## Information Survey & Eligibility

### Small Business Communities

<b>Check all the apply to your company:</b>	<input type="checkbox"/> Located in a rural area
	At least 51% owned or controlled by a:
	<input type="checkbox"/> Socially and economically disadvantaged individual
	<input type="checkbox"/> Veteran and/or service-connected disabled veteran
	<input type="checkbox"/> Woman
	<input type="checkbox"/> None of the above / Unknown

### Eligibility Questions

<b>Is your company organized or incorporated in the United States?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is your company operating a licensed business in Pennsylvania to manufacture, assemble and/or distribute a product, or provide a service?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is your company in good standing with the Pennsylvania Dept. of Revenue and the U.S. Internal Revenue Service (IRS)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### SBA Resources

The U.S. Small Business Administration (SBA) would like to give Eligible Small Business Concerns (ESBCs) the opportunity to expand your knowledge and resources of other programs that are offered by the agency.

**Please check the appropriate box if you would like for your company's name and contact information shared with other programs offered by SBA.**  Yes  No

Your choice to participate or not, will not change the status of your participation with STEP. SBA's aim is strictly to share information about other opportunities with you.

## Certification & Signature

**As a duly authorized representative of the above-named company, I have read, understand, and agree to the following terms necessary to participate in STEP-funded programs and services:**

- In addition to this STEP Client Application, all participating companies must complete and sign:
  1. *STEP Self-Representation as an 'Eligible Small Business Concern (ESBC);* and
  2. *Debarment Certificate.* See attached.
  
- All participating companies must provide information on the results attained through participation in STEP-funded programs and services to the Pennsylvania Department of Community and Economic Development (DCED), Office of International Business Development (OIBD). "Results" are current and future export sales and dealings transacted as an outcome of participating in STEP-funded programs and services.

**I hereby certify that all information provided in this document, as well as any accompanying documents, are true and complete.**

<b>Company Contact</b>	<b>Title</b>
<b>Telephone</b>	<b>E-mail</b>
<b>Signature</b>	<b>Date</b>



U.S. Small Business  
Administration

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