Connecticut Department of Economic & Community Development
U.S. Department of Commerce, Middletown Export Assistance Center

APPLICATION FORM

1. Contact Information:

Company name

_____

Contact name

_____

Title

_____

Street address

_____

City _____ State ____ Zip _____

Telephone _____ Fax _____

Email _____ Website _____

2. Organization's principal business activity:

❒ Manufacturer ❒ Representative/Distributor ❒ Service

❒ Export Trading Co/Broker ❒ Trade Association ❒ Government

❒ Other

3. Product/Industry (SIC, product or service description):

_____

_____

4. Export frequency (shipments over the past 24 months):

❒ None ❒ 1 ❒ 2-12 ❒ 13-51 ❒ 52-100 ❒ 100+

5. Annual sales:

❒ Under $1 million ❒ $1-$5 million ❒ $6-$49 million

❒ $50-$75 million ❒ Over $75 million

6. Number of employees in Connecticut:

❒ 1-49 ❒ 50-99 ❒ 100-249 ❒ 250-499 ❒ 500-999 ❒ 1000+

7. Is the product manufactured or produced in the United States; or manufactured or produced outside the United States but marketed under the name of a U.S. firm, with U.S. content representing at least 51% of the value of the finished product?

❒ Yes ❒ No

8. If not a manufacturer, does your firm have documented worldwide export rights to product?

❒ Yes ❒ No

9. Is the product or service available for immediate export orders?

❒ Yes ❒ No

10. Number of years the company has been in business in Connecticut:

❒ 1-2 ❒ 3 or more

Program:

❒ GOLD KEY SERVICE (GKS) ❒ INTERNATIONAL PARTNER SEARCH (IPS) ❒ COMMERCIAL NEWSUSA (CNUSA)

❒ BUY USA ❒ OTHER: _____

Note: An Application form must be filled out for each program and each country

Objective:

To monitor the effectiveness of this program, this Connecticut firm, if accepted for participation hereby agrees to inform the DECD/U.S. Department of Commerce Middletown Export Assistance Center of results (successes, developments, sales, strategic partnerships, appointments of representatives and/or distributors, etc) of such participation. All information will be kept business confidential. None of your commercial information will be released without your permission.

Signed: _____ _____ Date: _____

Company Executive: Name (Print) Signature

Disposition:

❒ Approved ❒ Amount: $_____ Signed:_____ Date:_____

DECD Representative

PLEASE MAIL COMPLETED FORM TO:

CT Department of Economic & Community Development
Attn: International
505 Hudson Street
Hartford, CT 06106