



EXPORT MARKETING ASSISTANCE SERVICE (EMAS) APPLICATION FORM

COMPANY DATA:

- 1. Firm Name:
2. Address:
2a. Is your firm a Minority or Woman Owned Business?
3. Telephone: 3a. Fax:
3b. e-mail: 3c. Website:
4. Contact Person: 4a. Title:
5. Annual Sales: 5a. Percentage of Sales Exported:
6. Number of Employees: 7. Year Founded:
8. Plant Location(s): Size (in sq. feet)

PRODUCT & EXPORT MARKET INFORMATION:

- 9. PRINCIPAL ACTIVITY/ PRODUCT LINES PRINCIPAL APPLICATIONS/(End Users)
Harmonized Codes, if known
NAICS, if known
10. Which trade show(s) do you/have you participated in?

EMAS REQUIREMENTS:

- 11. We are seeking (check appropriate items): Agents Distributors Other



12. Profile of an Ideal Agent or Distributor:
(Technical and marketing capabilities; facilities; after-sales service; spare parts. etc.):
- 12a. Which complementary product lines would normally be carried along with your own?
13. What are the usual distribution pattern(s) and sales channels for your products and/or services?
14. Who are the principal U.S. and foreign competitors?
15. What are the special selling points and advantages (including patents, trademarks, etc.)?
16. Which countries do you currently export to?
17. **We are applying for EMAS participation in the following market(s):**
- CANADA CHINA EUROPE ISRAEL
- MEXICO AFRICA OTHER: _____

For Africa, please select the geographic markets from the following list, and then rank your priority - Priority (1, 2, 3, 4, 5, 6):

<u>Africa:</u>	Priority:
<input type="checkbox"/> South Africa	
<input type="checkbox"/> Botswana	
<input type="checkbox"/> Namibia	
<input type="checkbox"/> Mauritius (Western Indian Ocean)	
<input type="checkbox"/> Tanzania (East Africa)	
<input type="checkbox"/> Zambia (Central Southern Africa)	



Empire State Development

For Europe, please select up to 6 individual markets from the following list, and then rank your priority according to Region - Priority (1, 2, 3, 4)

<p><u>Western Europe:</u> Priority:</p> <p><input type="checkbox"/> Benelux (Belgium, the Netherlands and Luxembourg)</p> <p><input type="checkbox"/> France</p> <p><input type="checkbox"/> Germany</p> <p><input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Italy</p> <p><input type="checkbox"/> Spain</p> <p><input type="checkbox"/> United Kingdom</p>	<p><u>Central Europe/New EU markets:</u> Priority:</p> <p><input type="checkbox"/> Baltics (Estonia, Latvia and Lithuania)</p> <p><input type="checkbox"/> Czech Republic/Slovakia</p> <p><input type="checkbox"/> Hungary</p> <p><input type="checkbox"/> Poland</p>
<p><u>Scandinavia:</u> Priority:</p> <p><input type="checkbox"/> Denmark</p> <p><input type="checkbox"/> Finland</p> <p><input type="checkbox"/> Norway</p> <p><input type="checkbox"/> Sweden</p>	<p><u>Emerging Eastern Europe:</u> Priority:</p> <p><input type="checkbox"/> Bulgaria</p> <p><input type="checkbox"/> Romania</p> <p><input type="checkbox"/> Russia</p>

18. Please indicate previous or present representation, export sales efforts, successes, and problem areas (if any) to date in the markets selected above:

***Certification of Authorized Official:** I hereby certify that the products for which representation is sought under EMAS are produced in New York State.*

SIGNED: _____

DATE: _____

NAME: _____

TITLE: _____

Applications **must** be received by **email or mail**. The signed final page may be submitted separately if necessary (either scan and email or postal mail). If you have any questions on how to complete the application, please contact the International Division at Empire State Development at (212) 803-2300 or email @ globalny@esd.ny.gov. Please e-mail completed EMAS application form plus one set of your sales literature to globalny@esd.ny.gov or mail directly to:

Empire State Development
International Division
633 Third Avenue, 36th Floor
New York, NY 10017
(Attn: EMAS)