



Export Marketing Assistance Service (EMAS) Application Form – 2020 Version 2

1. Company Name: _____
2. Address (include Street, City, State, Zip Code): _____

3. Main Telephone: _____ 3a. Website: _____
4. Main Contact Person: _____ 4a. Contact Person Title: _____
4b. Contact Person Telephone: _____ 4c. Contact Person Email: _____
5. Annual Sales: _____ 6. Number of Employees: _____ 7. Year Founded: _____
8. NAICS: Code: _____
9. New to Export (No export experience) ____ OR
Market Expansion (Currently export to one or more markets) ____
- 9a. Percentage of current annual export sales: ____ %
10. Plant Location(s) if different from address above: _____
- 10a. Plant Location Size (in sq. feet) _____
11. Check all that apply:
☐ Minority-Owned
☐ Veteran-Owned
☐ Disabled Veteran-Owned
☐ Woman-Owned
☐ Rural Business
- 11a. Are you a NY State certified MWBE?
☐ Yes ☐ No
12. Company Activity (check all that apply):
☐ Manufacturer ☐ Distributor ☐ Service Company ☐ Economic Development Organization
☐ Other (specify) _____
13. Industries (check all that apply):

<input type="checkbox"/> Aerospace, Aviation & Defense	<input type="checkbox"/> Electronics
<input type="checkbox"/> Advanced Materials & Chemicals	<input type="checkbox"/> IT & Communications
<input type="checkbox"/> Agriculture & Processed Foods	<input type="checkbox"/> Jewelry Manufacturing
<input type="checkbox"/> Beer, Wine & Spirits	<input type="checkbox"/> Products and Service Technologies
<input type="checkbox"/> Biotech Medical Devices & Life Sciences	<input type="checkbox"/> Other _____
<input type="checkbox"/> Clean Technology, Recycling & Renewable Energy	



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|--|------------------------------------|
| 14. Principal Activity and Product Lines: | Principal Applications (End Users) |
| | |
| 15. Provide a brief company description: | |
| | |
| 16. Which trade show(s) do you/have you participated in? | |
| | |
| 17. Profile of an Ideal Agent or Distributor:
(Technical and marketing capabilities; facilities; after-sales service; spare parts. etc.): | |
| | |
| 18. Which complementary product lines would normally be carried along with your own? | |
| | |
| 19. What are the usual distribution pattern(s) and sales channels for your products and/or services? | |
| | |
| 20. Who are the principal U.S. and foreign competitors? | |

21. What are the special selling points and advantages (including patents, trademarks, etc.)?
22. Which countries do you currently export to?
23. We are seeking (check appropriate items): Agents _____ Distributors _____
Local Intelligence for market _____ Other _____
24. ***We are applying for EMAS participation in the following market(s): Select a maximum of 2 markets.***
- ☐ CANADA ☐ CHINA ☐ EUROPE ☐ ISRAEL
- ☐ MEXICO ☐ AFRICA ☐ SOUTH AMERICA

24a. If you selected Africa for question 24, please select one country from the following list:

<p><u>Southern Africa:</u></p> <div> <input type="checkbox"/> South Africa <input type="checkbox"/> Malawi </div> <div> <input type="checkbox"/> Namibia <input type="checkbox"/> Angola </div> <div> <input type="checkbox"/> Botswana <input type="checkbox"/> Zimbabwe </div> <div> <input type="checkbox"/> Swaziland <input type="checkbox"/> St Helena </div> <div> <input type="checkbox"/> Lesotho <input type="checkbox"/> Mozambique </div> <div> <input type="checkbox"/> Zambia </div>	<p><u>Indian Ocean:</u></p> <div> <input type="checkbox"/> Mauritius </div> <div> <input type="checkbox"/> Madagascar </div> <div> <input type="checkbox"/> Seychelles </div> <div> <input type="checkbox"/> Comoros </div> <div> <input type="checkbox"/> Reunion (Region of France) </div>
<p><u>West Africa:</u></p> <div> <input type="checkbox"/> Nigeria <input type="checkbox"/> Sierra Leone </div> <div> <input type="checkbox"/> Cote d'Ivoire <input type="checkbox"/> Gambia </div> <div> <input type="checkbox"/> Liberia </div>	<p><u>East Africa:</u></p> <div> <input type="checkbox"/> Kenya </div> <div> <input type="checkbox"/> Uganda </div> <div> <input type="checkbox"/> Rwanda </div> <div> <input type="checkbox"/> Tanzania </div>

24b. If you selected South America for question 24, please select one country from the following list:

<p><u>South America:</u></p> <div> <input type="checkbox"/> Brazil <input type="checkbox"/> Peru </div> <div> <input type="checkbox"/> Chile <input type="checkbox"/> Argentina </div> <div> <input type="checkbox"/> Colombia </div>
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24c. If you selected Europe for question 24, please select one country from the following list:

<u>Western Europe:</u> <input type="checkbox"/> France <input type="checkbox"/> Germany <input type="checkbox"/> Ireland <input type="checkbox"/> Portugal <input type="checkbox"/> Benelux (Belgium, the Netherlands and Luxembourg) <input type="checkbox"/> Switzerland <input type="checkbox"/> Austria <input type="checkbox"/> Spain <input type="checkbox"/> United Kingdom	<u>Central/Eastern Europe:</u> <input type="checkbox"/> Bulgaria <input type="checkbox"/> Hungary <input type="checkbox"/> Poland <input type="checkbox"/> Romania
<u>Scandinavia:</u> <input type="checkbox"/> Denmark <input type="checkbox"/> Finland <input type="checkbox"/> Norway <input type="checkbox"/> Stockholm	

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

By signing below I hereby certify/agree to the following:

- I have read and understand the guidelines.
- I will submit a Project Impact Report upon review of the report provided to me within 90 days.
- 51% of the value of finished product or service originates in New York, the calculation of which includes the value of the raw materials and component parts, manufacturing process, advertising and promotion, distribution, warehousing, designs and other intellectual property

Signature of Authorized Company Official: _____ Date: _____

Print Name: _____ Print Title: _____

Please e-mail the completed EMAS application form to globalny@esd.ny.gov.