NEW YORK STATE OF OPPORTUNITY. | Empire State Development

EXPORT MARKETING ASSISTANCE SERVICE (EMAS)
APPLICATION FORM

COMPANY DATA:

1. Firm Name: _____

2. Address: _____

_____

2a. Is your firm a Minority or Woman Owned Business? ☐ Yes ☐ No

If YES, are you a *Certified MWBE* (NY State)? ☐ Yes ☐ No

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 (NAICS / Harmonized Codes, if known) PRINCIPAL APPLICATIONS/ *(End Users)*

_____ _____

_____ _____

10. Which trade show(s) do you/have you participated in?

EMAS REQUIREMENTS:

11. We are seeking (check appropriate items): Agents___☐___ Distributors___☐___

Other_____

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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):

Africa:	**Priority:**
☐ South Africa	_____
☐ Botswana	_____
☐ Namibia	_____
☐ Mauritius (Western Indian Ocean)	_____
☐ Tanzania (East Africa)	_____
☐ Zambia (Central Southern Africa)	_____

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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)

Western Europe: **Priority:** ____	**Central Europe/New EU markets**: **Priority:** ____
☐ Benelux (Belgium, the Netherlands and Luxembourg) ☐ France ☐ Germany ☐ Ireland ☐ Italy ☐ Spain ☐ United Kingdom	☐ Baltics (Estonia, Latvia and Lithuania) ☐ Czech Republic/Slovakia ☐ Hungary ☐ Poland
Scandinavia: **Priority:** ____	**Emerging Eastern Europe**: **Priority:** ____
☐ Denmark ☐ Finland ☐ Norway ☐ Sweden	☐ Bulgaria ☐ Romania ☐ Russia

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)