

INTENT TO RECEIVE PTAC CLIENT SERVICES

POINT OF CONTACT

FIRST NAME	MI	LAST NAME	SUFFIX
POSITION/TITLE		WORK PHONE	
FAX NUMBER		CELL PHONE/PAGER	
COMPANY NAME			
E-MAIL ADDRESS		WEB ADDRESS	

PHYSICAL ADDRESS

STREET ADDRESS LINE 1			
STREET ADDRESS LINE 2			
CITY	STATE	ZIP CODE	COUNTY

MAILING ADDRESS

Check here if same as physical address

STREET ADDRESS LINE 1			
STREET ADDRESS LINE 2			
CITY	STATE	ZIP CODE	COUNTY

BUSINESS INFORMATION

AVG # OF EMPLOYEES (LAST 3 YRS)	AVG YRLY GROSS SALES (LAST 3 YRS)	DATE BUSINESS ESTABLISHED (M/D/Y)
DUNS NUMBER	CAGE CODE	OWNER'S YEARS EXPERIENCE IN FIELD

BUSINESS OWNERSHIP

Check all that apply. (Defined as 51% owned and controlled.)

- | | |
|--|---|
| <input type="checkbox"/> Woman-owned | <input type="checkbox"/> Minority-owned |
| <input type="checkbox"/> Veteran-owned | <input type="checkbox"/> Service Disabled Veteran-owned |

BUSINESS CERTIFICATIONS AND DETERMINATIONS

Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Disadvantaged Business | <input type="checkbox"/> Distressed |
| <input type="checkbox"/> Certified HUBZone | <input type="checkbox"/> Small Business |

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HAVE YOU PREVIOUSLY DONE BUSINESS WITH ANY GOVERNMENT AGENCY OR PRIME CONTRACTOR?

- Yes
- No
- Don't know

GENERALLY DESCRIBE OR LIST THE PRODUCTS OR SERVICES YOU WISH TO OFFER TO THE GOVERNMENT:

LIST THE TYPES OF SERVICES YOU MIGHT WANT TO RECEIVE FROM OUR CENTER:

HOW DID YOU HEAR ABOUT US?

- | | | |
|---|--------------------------------|---|
| <input type="radio"/> Word of Mouth | <input type="radio"/> Bank | <input type="radio"/> Newspaper |
| <input type="radio"/> Chamber of Commerce | <input type="radio"/> Internet | <input type="radio"/> Radio |
| <input type="radio"/> Television | <input type="radio"/> Magazine | <input type="radio"/> Educational Institution |
| <input type="radio"/> Business Owner | <input type="radio"/> SBA | <input type="radio"/> Local Economic |
| <input type="radio"/> Other Client | <input type="radio"/> Other | <input type="radio"/> Development Official |

REQUEST FOR PROCUREMENT TECHNICAL ASSISTANCE

On behalf of the company listed on this application, I request technical assistance to help obtain government contracts. I understand that the PTAC support services are available free of charge. I understand and agree to report information to my local PTAC personnel regarding government contracts, sub-contracts and/or government credit card purchases awarded to my company as a direct or indirect result of assistance provided by PTAC. Award information will be requested electronically monthly by PTAC and will include awarding agency, contract number where possible and dollar amount. The PTAC agrees to keep this and all other client information confidential.

The company I represent hereby waives its rights to any and all claims against Utah PTAC, Utah Governor's Office of Economic Development, organizations hosting PTAC sub-centers and any of their employees arising from services rendered. I further understand that my company bears all responsibility for decisions made and actions taken regarding doing business with government agencies and prime contractors.

AUTHORIZATION OF REFERRALS

From time to time, Utah PTAC is contacted by government agencies and prime contractors seeking small businesses. Information may be shared for the sole purpose of potential contracting opportunities or to gain exposure with that agency or business.

I hereby give permission for the Utah PTAC program to refer my company information to agencies and prime contractors.

By signing this form, I certify the above information is correct.

SIGNATURE	DATE
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Bring completed form or email to ptac@utah.gov.