



**APPLICATION FOR THE PRESIDENT'S "E" AND "E STAR" AWARDS FOR EXPORT EXPANSION**

**No E Award will be considered unless a completed application form has been received (E.O. 10978)**

*By submitting this application, the applicant authorizes Federal Departments, Agencies, and Commissions to provide the U.S. Department of Commerce with information pertaining to the applicant for purposes of determining the applicant's eligibility and fitness to receive the award for which it is applying.*

**Item 1. ORGANIZATION INFORMATION:**

Organization Name:  
Division or Subsidiary of:  
Street Address:  
Street Address:  
City, State, Zip:  
Telephone:  
Fax:  
Company Web Site:  
Tax ID number:

**Item 4. TYPE OF ORGANIZATION:**

Is your firm listed on a public securities exchange or otherwise reporting to the SEC?  
Yes                      No

**Item 5. EMPLOYEES:**

Total number of employees . . . . . \_\_\_\_\_  
Number of employees whose jobs are  
attributable to exporting . . . . . \_\_\_\_\_

**Item 2. CONTACT INFORMATION:**

Name of President/CEO:  
Name of International Marketing Manager:  
Application Point-of-Contact (POC):  
POC telephone:  
POC fax:  
POC email:

**Item 6. MAJOR PRODUCTS EXPORTED:**

NAICS category (ies):

**Item 3. SIGNATURE:**

I have reviewed the information provided in this application and, to the best of my knowledge, all the information provided is true and correct. I understand that this application will be reviewed by an Interagency Review Committee.

\_\_\_\_\_  
*Signature of Organization President/CEO*                      *Date*

**Item 7. U.S. EXPORT ASSISTANCE CENTER (USEAC) RECOMMENDING AWARD**

USEAC name:  
USEAC Director name:

\_\_\_\_\_  
*Signature of USEAC Director*                      *Date*

**Item 8. APPLICATION FOR (choose one):**

- The President's "E" Award
- The President's "E" Award for Export Service
- The President's "E Star" Award for Exports
- The President's "E Star" Award for Export Service

**Item 9. EXPORT STATISTICS:**

Give figures for each of the four (4) past years, plus latest quarterly data. Data should include shipments to Canada and Mexico, but not Puerto Rico or the U.S. Virgin Islands. If you wish this information treated as BUSINESS CONFIDENTIAL, please so indicate by checking the box below. Except where required by law, no information nor data for which the applicant has requested BUSINESS CONFIDENTIAL treatment will be disclosed to persons not involved in processing this application without the applicant's prior written consent.

BUSINESS CONFIDENTIAL

<u>YEAR</u>	<u>TOTAL SALES</u>	<u>EXPORT SALES</u>	<u>PERCENTAGE OF EXPORTS TO TOTAL SALES</u>	<u>INCOME FROM LICENSING AGREEMENTS</u>
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**Item 10. KEY EXPORTING CHALLENGES:**

Check key exporting problems met: (Include in Item 11 a candid discussion of how you met these challenges)

- |   |                                      |   |
|---|--------------------------------------|---|
| Obtaining foreign distribution            | Import quotas                        | Specifications                            |
| Corporate Organization                    | Packaging                            | Foreign Production                        |
| Delivery                                  | Product Design                       | Credit terms/financing                    |
| Selecting export channels of distribution | Pricing                              | Market Research                           |
| Tariff barriers                           | Spare parts and servicing conditions | Dealer relations                          |
| Foreign language requirements             | Non-tariff barriers                  | Foreign Competition                       |
| Standards                                 | Export and/or import licensing       | Required changes in manufacturing process |
| Documentation                             | Others (specify)                     |   |

**Item 11. JUSTIFICATION FOR AWARD:** *(Please attach to nomination form. See Instructions for guidance with writing Justification.)*

**TO BE TYPED ON COMPANY OR ORGANIZATION LETTERHEAD**

In connection with the above-named company's (or organization's) application to the Department of Commerce for the President's "E" or "E Star" Award, I am signing this waiver to permit the Internal Revenue Service (IRS) to release otherwise confidential tax information about the company (or organization ) to appropriate officials of the Department of Commerce. This waiver is made pursuant to 26 U.S.C. 61038 and is limited to the following:

1. Whether this company (or organization) has failed to file a Federal income tax return for any of the last three years for which filing of a return might have been required. (If the filing date, without regard to extensions, and normal processing period for the most recent year's return has not yet elapsed on the date IRS receives this waiver, and the IRS records do not indicate a return for the most recent year, the "last three years" will mean the three years preceding the year for which returns are currently being filed and processed.)
2. Whether there is any tax, penalty or interest liability for which the IRS gave notice of the amount due and requested payment that has been outstanding for more than 180 days and has not yet been paid.
3. Whether this company (or organization) has been or is under investigation by the IRS for possible criminal offenses.
4. Whether this company (or organization) has been assessed any civil penalty for fraud during the current or last three calendar years.

In the event of an adverse response to any of the above (negative to subparagraph 1 or affirmative to subparagraph(s) 2, 3, or 4), I hereby authorize the Internal Revenue Service to provide to the Department of Commerce, upon request, additional tax information pertaining to such adverse response.

To assist the Internal Revenue Service in locating the Federal tax information, I am voluntarily providing the following information regarding the company (or organization):

Name of Company \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

Address: \_\_\_\_\_

Returns required to be filed: \_\_\_\_\_

If consolidated corporate income tax returns were filed for any of the years covered by No. 1 above, complete the following:

Name of parent company: \_\_\_\_\_

EIN of Parent Company \_\_\_\_\_

Year(s): \_\_\_\_\_

If an income tax return for any of the last three years was not filed, please explain why (e.g., a non-profit organization): \_\_\_\_\_

If signing as a corporate officer, partner, tax matters partner/person, I certify that I have the authority to execute this form on behalf of the taxpayer.

(Signature) \_\_\_\_\_

(Title) \_\_\_\_\_

(Date) \_\_\_\_\_