GUAM ECONOMIC DEVELOPMENT AUTHORITY

GUSTEP

GUAM STATE TRADE EXPANSION PROGRAM

https://www.investguam.com/step/

Funded in part through a cooperative agreement with the U.S. Small Business Administration

POWERED BY SBA

# GUAM STATE TRADE EXPANSION CLIENT APPLICATION FORM

| COMPANY INFORMATION | |
|---|---|
| Company Name *(as appears on Guam Business License):* | |
| Doing Business As (DBA) Name(s): | |
| Business License No. *(please attach most recent copy):* | |
| Company Website: | |

| CONTACT INFORMATION | | |
|---|---|---|
| Mailing Address: | | |
| Physical Address *(if different from mailing address):* | | |
| Telephone No: | | |
| Fax No: | | |
| Point of Contact: | First Name: | Last Name: |
| Title: | | |
| Email Address: | | |

| COMPANY OUTLINE | |
|---|---|
| Year Company Established: | |
| Unique Entity Identifier (UEI) No: | |
| Primary NAICS Code (6-digit code): Use the NACIS Code Search for assistance. | |
| Company Structure:<br>☐ Sole proprietorship<br>☐ Partnership<br>☐ Limited Liability Company<br>☐ Corporation | My company is:<br>☐ New to Export (NTE) – no export experience, an 'accidental' or 'occasional' export or has not exported in over 18 months.<br>☐ Market Expansion (ME) – active or recent exporter (within the last 18 months) that is expanding into a new country market or new product line within an existing market. |

| | |
|---|---|
| Number of Employees: | Full-time: _____ Part-time: _____ |
| Annual Gross Revenue: | |
| Annual Export Sales, If Any: | 2025: $ _____ 2023: $ _____<br>2024: $ _____ 2022: $ _____ |
| Current International Distribution Channels: | ☐ Direct sales to retailers or retail chains<br>☐ Direct sales to end users<br>☐ Sales through specialized importers/wholesalers<br>☐ Sales through one or more distributors<br>☐ New to export |
| Please check all categories that apply to your company:<br><br>(Not less than 51% of the company must be owned by the individual that fits the category) | ☐ Veteran-owned business<br>☐ Disabled veteran-owned business<br>☐ Rural business (Business located in a county with a population of 90,000 or less.)<br>☐ None of the above |
| Guam Product Seal Permit:<br>(Priority for program participation will be given to companies that meet the "Made in Guam" designation.) | ☐ Yes ☐ No<br><br>Issue Date: _____ Expiration Date: _____ |
| Product/Service Description: | |

| **STEP ACTIVITY** | |
|---|---|
| Please indicate which Guam STEP programs you are applying for (check all that apply): | |
| ☐ Export Readiness Program (ERP) | ☐ International Marketing Program (IMP)<br>☐ E-commerce<br>☐ International Marketing Media Design |
| ☐ Trade Promotion Program (TPP) | |
| | ☐ Export Conference |
| Please indicate if you would like for your company's name and contact information to be shared with other programs offered by SBA: ☐ Yes ☐ No | |

**CERTIFICATION**

I hereby certify that all information provided in this Guam STEP Application, as well as accompanying documents, are true and correct. I am aware of the penalties provided for false representation.

**Signature: _____** **Name: _____**

**Title: _____** **Date: _____**