

OMB Approval No. 3245-0324 Expiration Date: 04/30/2003

Case Number:	
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## U.S. Small Business Administration **Request for Counseling**

1. Your Name (First, Middle, Last)	2. Telephone Number(s)  Home							
	Business							
3. Email address	Fax							
4. Street Address 5. City	6. County 7. State 8. Zip							
9.Race (mark one or more) 10. Ethnicity	12. Do you consider yourself a 13. Veteran Status							
a. Native American or Alaskan Native	person with a disability?  a. Veteran							
b. Asian	Yes No Service Connected Disabled Veteran							
c. Black or African American	c. Disabled Veteran							
d. Native Hawaiian or other Pacific Islander	d. Non-veteran							
e. White c. Male/Female								
14. How did you hear of us?								
a. Word of Mouth	g. Television							
b. Bank e. Internet c. Newspapers f. Radio	h. Magazine							
c. Newspapers f. Radio 15. Describe the nature of the counseling you are seeking.	i. Other							
16. Currently in Business? Yes \( \square\) No \( \square\) (If no, skip to line 20)	Is this a Home-based Business? Yes \( \subseteq \text{No } \subseteq \)							
17. Type of Business								
18. Name of Company:	19. How long in business?							
16. Ivanic of Company.	17. How long in business:							
20. Indicate preferred date & time for appointment:  Date:	Time:							
I request business management counseling service from a Small Business Ad								
participate in surveys designed to evaluate SBA assistance services. I authoric counselor(s). I understand that any information disclosed to be held in strict	ze SBA to furnish relevant information to the assigned management							
I further understand that any counselor has agreed not to: (1) recommend goo	ds or services from sources in which he/she has an interest and (2) accept							
fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, SCORE and its host organizations, and other SBA Resource Counselors arising from this assistance.								
Please note: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB								
409 3rd St., S.W., Washington, D.C 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval (3245-0091) <b>PLEASE DO NOT SEND FORMS TO OMB.</b>								
Signature:	Date:							

Chapter NumberBranch Name						OMB Approval No. 3245-0326 Expiration Date: 04/30/2003			
Telephone Counseling							Case Number _ Date Entered _ Entry by		
E-mail Counseling	<b>T</b> _T	.S. Small Bu	usiness A	dmir	nictration		Entry by		
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	Cou	unseling	Inform	atio	on Sheet				
1. Client Information:					2. Appointment Scheduled:				
Name:	Name:			With (counselor)					
First	First Middle Last			On (date) AM / PM					
3. a) New case □	h) Follow on	□ c) Close	out $\square$						
· 					Conf. By				
4. Legal Entity:   Sol		Partnership	☐ Corpo	ration	S-Corpor	ration	LLC		
5. Client objective / Coun ourpose:	seling								
6. Primary area(s) of cou	nseling:								
a. Start-ups	d. Financ		g.			-	chises		
<ul><li>b. Capital Sources</li><li>c. Marketing/Sales</li></ul>	e. Humar	n Resources ology	n.		ness Plan		r r		
7. Counselor's Notes:									
			11. SBA Client	 ::					
8. Counselor Name(s)					D		1) 000		
					<ul><li>a) Borrower</li><li>b) Applicant</li></ul>		<ul><li>d) COC</li><li>e) Surety Box</li></ul>	nd $\square$	
9. Counseling Date	10	. Counseling Ho	ours		c) Applicant c) 8(a) Client		c, burety bol		
12 Has client been infor	med about other SBA	resources?	ves no						