

## New Mexico Small Business Assistance Program Request for Assistance

Date: \_\_\_\_\_

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | My company is located in New Mexico.  |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | My company is a small business (per US Small Business Administration guidelines). |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | My company is a for-profit business.  |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | My business files taxes with the State of New Mexico.                             |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | My company is US owned and operated (not foreign owned or controlled).            |

Company Name:				
Contact Name:			Title:	
Address:	City	County	State:	Zip:
Phone:	Fax:	E-mail		
Briefly describe the type of assistance needed:				
If you know of a laboratory employee who might be able assist you with this request, please provide the person's name:				
How did you hear about the NMSBA program?				

**SUBMIT COMPLETED FORM TO:**

**Sharon Evans  
 P.O. Box 5800, MS-1495  
 Albuquerque, New Mexico 87185-1495**

**FAX: 505-284-9551  
 EMAIL: sfevans@sandia.gov**