



**DATA COLLECTION  
CNMI STEP PROGRAM**  
(For Eligible Small Business Concerns)



<b>Name:</b>		<b>E-mail:</b>	
<b>Street Address/PO Box:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Telephone Contacts:</b>			
<b>Primary:</b>	<b>Secondary:</b>	<b>Mobile:</b>	<b>Fax:</b>
<b>Business Affiliation:</b>		<b>Position:</b>	

**Required for Reporting Purposes:**

<b>In Business:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Owner:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Startup:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>With a Disability:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Veteran Status:</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Non-Veteran		<b>Military status:</b> <input type="checkbox"/> Reserve or National Guard <input type="checkbox"/> On Active Duty	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Non-Hispanic Origin	
<b>Race:</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black-African American <input type="checkbox"/> White <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian/ other Pacific Islander			
<p>In consideration of the CNMI STEP PROGRAM furnishing management or technical assistance or training, I waive all claims against the CNMI STEP personnel, and its resource partners paid and volunteer resources arising from this assistance.</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>			

**FOR OFFICIAL USE:**

Category: <input type="checkbox"/> Attendee <input type="checkbox"/> Guest <input type="checkbox"/> Participator <input type="checkbox"/> Student
---

