



KIZ ELIGIBILITY FORM

COMPANY INFORMATION

Company Legal Name:		
Company FEIN:	FEIN Filing Date:	
Company Address:		Suite:
City:	State:	ZIP Code:
Company HQ Address (if different):		Suite:
City:	State:	ZIP Code:
Date Located at Address:	# of Employees Working in KIZ:	# of Employees in Company:
Company Description:		
NAICS Code:	NAICS Description:	
Identify the Following Industry Clusters that are Applicable to your Company: <ul style="list-style-type: none"> <input type="checkbox"/> Advanced Materials / Diversified Manufacturing (AM/DM) <input type="checkbox"/> Energy <input type="checkbox"/> Life Sciences <input type="checkbox"/> Robotics & Technology (including software-as-a-service) 		
Description of any Patents, Trademarks, and Copyrights:		
Description of Innovative Nature of Company:		
Employment Goals:		
How Did You Hear About the KIZ?		

APPLICANT INFORMATION

Name:	Title:
Phone:	Email:
Name:	Title:
Phone:	E-mail:

AUTHORIZATION

By signing this document, I certify that this information is correct to the extent of my knowledge.

Signature: X _____

Date: _____

Company:
Name: _____
Title: _____