

**CMTC - Small Manufacturers Advantage  
Partner Referral/Company Information Form**

**Please Describe Business Below:**

**Notes/Comments:**

**Company Information:**

Today's Date: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Main Company Phone: \_\_\_\_\_  
 Main Company Fax: \_\_\_\_\_  
 Annual Revenue: \_\_\_\_\_  
 # Employees: \_\_\_\_\_  
 Web Address: \_\_\_\_\_

**CMTC Use Only:**

Consultant Name: \_\_\_\_\_  
 Sales Region: \_\_\_\_\_  
 Industry Type: \_\_\_\_\_  
 Project Start Date: \_\_\_\_\_  
 Project Completion Date: \_\_\_\_\_  
 NIST Survey Contact:  
 (if more than 1 contact) \_\_\_\_\_  
 \*NAICS Code: \_\_\_\_\_  
<http://www.census.gov/epcd/www/naics.html>

1. Sells to A/D Industry:     YES     NO     TBD      2. Sells to Homeland Security Industry:     YES     NO     TBD
- 1A. If Yes, % of business: \_\_\_\_\_      2A. If Yes, % of business: \_\_\_\_\_
- 1B. If no, would you like to sell to A&D?     YES     NO     TBD
- 1C. If yes to #1, please list Primes: \_\_\_\_\_

**Company Contacts:**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone (if different than Main): \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone (if different than Main): \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**REFERRED BY:**

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<b>COMPANY NAME</b>	CITD - El Camino College