

Technology Commercialization Credit Program Eligibility Application

For Tax Year _____

BUSINESS INFORMATION

Business Name _____
Business Address1 _____ Business Address2 _____
City _____ State _____ Zip Code _____ - _____ Parish _____
Phone Number _____ Ext _____ Fax Number _____
Website Address _____ Nonprofit: (Y/N) _____ Governmental Research Center: (Y/N) _____
Business Contact _____ E-mail Address _____
LA State Senator _____ LA State Representative _____
NAICS Code _____ Dept of Revenue ID/TIN _____

TECHNOLOGY COMMERCIALIZATION INFORMATION

Brief description of technology to be commercialized: _____

Accredited College, Technical School or University Associated with: _____

Description of how technology was acquired, sponsored or enhanced by accredited school: _____

Please attach any agreements with accredited school regarding the acquisition, commercialization, or research of technology.

First Year of Commercialization: _____ List number of new jobs related directly to technology: _____

Please list the jobs created, health benefits offered, and salary for all direct jobs. To be considered for job credits, new job employee must not own more than 30% of the company.

CERTIFICATION

The undersigned authority hereby certifies: That he/she is of _____
Title

Of _____
Company That he/she has examined the information contained in this application and found the

information given to be true and correct to the best of their knowledge.

Subscribed on _____, 20 ____.

Company Official

Print Company Official Name

Technology Commercialization Credit & Jobs Program Administrator:

Susan Bigner

Phone: 225.342.565 / Fax: 225.342.0142

[E-mail: bigner@la.gov](mailto:bigner@la.gov)