



**U.S. Small Business Administration
Boots to Business Course Registration**

OMB Control No:

Expiration Date:

Use of information: This information collection (form) is to be completed by individuals seeking to participate in the Boots to Business courses offered by the Small Business Administration (SBA). Disclosure of the information requested on this form is voluntary; however, if you fail to provide the information we will not be able to register you for the Boots to Business courses and you may not be able to participate in the training. The information is collected to help SBA's continuing improvement of business counseling programs, to ensure effective oversight and management of entrepreneurial development programs and grants. All information provided is protected to the extent permitted by law, including the Privacy Act of 1974, 5 U.S.C. 552a and the Freedom of Information Act (FOIA), 5 U.S.C. 552. SBA maintains your personal information in the agency's Privacy Act Systems of Records, SBA 5-- Business and Community Initiatives Resource Files. This system of record notice (SORN) identifies why and to whom SBA will routinely disclose the information that you provide.

In addition to those routine uses, **please select yes or no below** to indicate whether you authorize SBA or its agent to also use your name and contact information for SBA surveys and information mailings regarding SBA products and services as part of the Boots to Business alumni network. SBA will not provide your personal information to commercial entities.

Please note: Under the Paperwork Reduction Act you are not required to respond to any collection of information unless it displays a currently valid OMB Control number. This collection has been assigned OMB Control number 3245-XXXX. The estimated time for completing this form is 12 minutes, including gathering and submitting the information. Comments on the estimated time, including suggestions for reducing the time, should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416, and to: SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503.

1. Please select the course for which you are registering:
2. Enter the dates of the Boots to Business course for which you are registering: [Click here to enter a date.](#)
3. Enter the name of the installation/location of the training for which you are registering.
[Click here to enter text.](#)

4. Name: Click here to enter text.	
5. Phone number: Click here to enter text.	6. Personal Email address: Click here to enter text.
7. Service: <input type="text"/>	8. Please select your pay grade and status, if applicable: <input type="text"/> <input type="checkbox"/> Dependent Spouse <input type="checkbox"/> Dual Military Spouse <input type="checkbox"/> Other Dependent
9. Please select your service component: <input type="text"/>	10. What is your military job title (MOS/AFSC/Designator/Rating)? Click here to enter text.
11. Are you receiving or did you receive an honorable discharge? <input type="text"/>	12. Age Range: <input type="text"/>
13. Gender: <input type="text"/>	14. Ethnicity: <input type="text"/>
15. Race (please select one or more): <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	16. Please select your transition type: <input type="text"/>



**U.S. Small Business Administration
Boots to Business Course Registration**

OMB Control No:
Expiration Date:

<input type="checkbox"/> White <input type="checkbox"/> Not Stated	
17. Years of Service: Click here to enter text.	18. Which of the following best describes your current status: <input type="text"/> <input type="checkbox"/> Other: Click here to enter text.

19. Please select the highest level of education you have earned.

- Less than high school Some college
- High school / GED 4 year college degree
- 2 year college degree Doctoral degree
- Master's degree Professional degree (MD, JD, etc.)

20. How did you first hear about B2B? Select all that apply.

- Social Media Unit Leadership
- SBA website Veterans Business Outreach Center (VBOC)
- Magazine / Newspaper Small Business Development Center (SBDC)
- Word of mouth Women's Business Center (WBC)
- Bank or Financial Institution Business Owner
- Installation Transition Assistance Center Advertisement
- Other: [Click here to enter text.](#)

21. Do you currently own a business? If no, skip to question 30.

22. Name of business: Click here to enter text.	23. Business website: Click here to enter text.
24. Date business started: Click here to enter a date.	25. Where did you incorporate your business? <input type="text"/>
26. Where does your business conduct primary operations? <input type="text"/>	27. In what industry does your business primarily operate? <input type="text"/> Other: Click here to enter text.

28. Did you use SBA resources to help start your business? If no, skip to question 30.

29. Which SBA resources did you use? Select all that apply.

- SBDC VBOC Loan / Grant program
- WBC SCORE Other: [Click here to enter text.](#)

30. What is your primary reason for attending Boots to Business? Select all that apply.

- I want to start a new business
- I'm considering business ownership and want to learn more
- I'm seeking support for a business I currently own
- I'm seeking post-service employment opportunities



**U.S. Small Business Administration
Boots to Business Course Registration**

OMB Control No:
Expiration Date:

Other: [Click here to enter text.](#)

31. In what type of businesses are you interested? Select all that apply.

- Franchised business Government Contracting Family owned business
 Internet based business Home based business Service based business
 Product based business Other: [Click here to enter text.](#)

32. Select the steps you have completed for a new or existing business. Select all that apply:

- Thought about a business idea or concept Selected business location
 Developed a written business concept or idea Developed a business plan
 Established legal business structure Obtained financing
 Hired employees None
 Other: [Click here to enter text.](#)

33. Please describe your primary reason for registering for the Boots to Business program and how you foresee this program helping you with your current or future entrepreneurial goals. Please include the nature of the business you are seeking to launch or grow, the industry you are interested in and geographical regions/locations you are exploring. [Click here to enter text.](#)