



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

OMB Control No: 3245-0384

Expiration Date: TBA

Use of information: This information collection (for) 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 five 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. Personal Email address: Click here to enter text.
6. Service Branch: <input type="text"/>	7. 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
8. Please select your service component: <input type="text"/>	9. Gender: <input type="text"/>
10. Ethnicity: <input type="text"/>	11. 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 <input type="checkbox"/> White <input type="checkbox"/> Not Stated
12. I authorize the SBA and its resource partners to contact me regarding other SBA products and services. By not	



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selecting a response, contact is authorized: