



# Technology Commercialization

## TAX CREDIT APPLICATION INSTRUCTIONS

### SECTION ONE

(Application Page 3)  
Taxpayer Information

**Taxpayer:** Type/print the name as filed with the Department of Revenue  
**Address:** Type/print the complete physical address of the principal business location where the work was conducted  
**City/State/Zip Code/Parish:** Type/print the City/State/Zip Code/Parish in which the company is located  
**Phone Number:** Please enter the phone number of the person who will be contacted regarding the application  
**Website:** Type/print the company's website address  
**Business Contact:** Enter the name of the person who can provide information related to the application  
**Email Address:** Please enter the email address of the business contact  
**LA Senator:** Please indicate local senator for your area  
**LA Representative:** Please indicate your local representative for your area  
**Third Party Consultant:** Please list the name of the third party who assisted in filing the application (consultant, CPA firm, law firm, etc.)

### SECTION TWO

(Application Page 4)  
Technology Commercialization Information

**NAICS Code:** The NAICS Code is the North American Industry Classification Code assigned by Louisiana Workforce Commission  
**Department of Revenue ID:** Enter the company's registered tax ID number as issued by the Louisiana Department of Revenue  
**Date Eligibility Certified:** The date on the certification letter from LED  
**Years Certified:** The amount of years listed on the certification letter  
Please attach a copy of the Eligibility Letter issued by LED  
**List Louisiana location of commercialization:** List the location where the technology will be commercialized  
**Total Commercialization cost for the year:** Indicate the total amount of commercialization cost for the year

### SECTION THREE

(Application Page 4)  
Commercialization Costs

Commercialization Costs – provide an itemized listing of costs including:

- Name of supplier or contractor
- Description of item or service
- Cost of the item
- Attach a copy of the invoice
- If including payments to a Louisiana university/college, research company or clinical trial company, please include a copy of the agreement with a copy of all payments made during the year

### SECTION FOUR

(Application Page 5)  
Jobs Directly Related To Technology Commercialization

Only complete this section if requesting job credits for a minimum of five (5) new direct jobs created. ES4's are required.

- **New Direct Jobs:** Provide the employee name, title, job description and salary
- **Name of Health Insurance Plan:** Indicate the name of the health insurance plan and attach a copy of the plan provided

### SECTION FIVE

(Application Page 5)  
Application Fee

Determining your application fee — Add your estimated investment in commercialization to the amount of estimated job tax credits and multiply the sum by 0.005 to obtain your program application fee

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**SECTION SIX**  
(Application Page 6)  
Certification

An authorized company official must certify the information presented in the application to be true and correct to the best of their knowledge.



**LOUISIANA.**  
Custom-Fit Opportunity.

# Technology Commercialization Credit Application

**FOR OFFICE USE ONLY**

DEPOSIT DATE \_\_\_\_\_  
 DEPOSIT # \_\_\_\_\_  
 CHECK # \_\_\_\_\_  
 CHECK AMOUNT \_\_\_\_\_  
 INITIALS \_\_\_\_\_

Mailing Address  
 P.O. Box 94185  
 Baton Rouge, LA 70804-9185

Physical Address  
 1051 North Third Street  
 Baton Rouge, LA 70802

Phone: 225.342.5341  
 Fax: 225.342.0142

Tax Year: \_\_\_\_\_

## TAXPAYER INFORMATION

**TAXPAYER**

**TAXPAYER ADDRESS 1**

**TAXPAYER ADDRESS 2**

**CITY**  **STATE**  **ZIP CODE**

**PARISH**

**PHONE NUMBER**  **EXT**

**WEBSITE ADDRESS**

**BUSINESS CONTACT**

**EMAIL ADDRESS**

**LA STATE SENATOR**  **LA STATE REPRESENTATIVE**

**THIRD PARTY CONSULTANT**

LA DEPARTMENT OF REVENUE ID #  NAICS CODE (ASSIGNED BY LWC)

**TECHNOLOGY COMMERCIALIZATION INFORMATION**

DATE ELIGIBILITY CERTIFIED  YEAR CERTIFIED

PLEASE ATTACH A COPY OF THE ELIGIBILITY LETTER ISSUED BY LED.

**LIST LOUISIANA LOCATION OF COMMERCIALIZATION**

TOTAL COMMERCIALIZATION COST FOR YEAR

(SEE BELOW FOR ITEMIZATION OF COSTS)

Note: The following information is required on all purchases: (1) Name of supplier or contractor; (2) Description of item (include the manufacturer's name if equipment) or service; (3) Cost of the item; (4) Copy of invoice.

<b>COMMERCIALIZATION COSTS</b>		
<b>Listing of Machinery, Equipment and Services</b> Make sure the invoice is included in application		
<b>VENDOR</b>	<b>DESCRIPTION</b>	<b>COST</b>
<b>TOTAL AMOUNT</b>		<b>\$</b>

If including payments to a Louisiana university/college, research company or clinical trial company, please include a copy of the agreement with a copy of all payments made during the year.

## JOBS DIRECTLY RELATED TO TECHNOLOGY COMMERCIALIZATION

Note: Only complete this section if requesting job credits for a minimum of five (5) new direct jobs created. ES4's are required.

EMPLOYEE NAME	TITLE	JOB DESCRIPTION	SALARY
<b>TOTAL SALARY</b>			<b>\$</b>

Name of Health Insurance \_\_\_\_\_ Plan Month Fiscal Year Ends \_\_\_\_\_

**A copy of the health insurance plan must be provided.**

## APPLICATION FEE

<b>APPLICATION FEE</b> \$500 (minimum) — \$15,000 (maximum)			
Total Investment In Commercialization		\$	
Total Estimated Job Tax Credits	+	\$	
Subtotal of Estimated Tax Benefits	=	\$	
Percentage Due (5/1000th)	x	\$0.005	
Application Fee	=	\$	
Please mail and make all checks payable to:	Louisiana Economic Development P.O. Box 94185 · Baton Rouge, Louisiana · 70804-9185		
Delivery/Courier Address:	1051 N. Third Street · Ste. 229 · Baton Rouge, Louisiana · 70802		

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## CERTIFICATION

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The undersigned authority hereby certifies that I am \_\_\_\_\_ of  
TITLE

\_\_\_\_\_ and that I have examined the information contained in this application and found  
COMPANY  
the information given to be true and correct to the best of their knowledge.

I hereby certify that the Technology Commercialization Credit Application meets all of the requirements of R.S. 51:2351 and applicable regulations. I am aware that my submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false public records (R.S. 14:133) and/or forfeiture of any rebates or tax credits approved under this program. I understand that application and information submitted with it shall not be returnable to the applicant.

Subscribed on \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
COMPANY OFFICIAL SIGNATURE

\_\_\_\_\_  
PRINTED COMPANY OFFICIAL NAME

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## CERTIFICATION

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Eligibility Letter from LED

List of jobs created, along with ES4's (if applicable)

Agreements with accredited school

Copy of health insurance plan (if applicable)

Documentation of commercialization costs (i.e. invoices, etc.)

Application fee, made payable to LED or  
LOUISIANA ECONOMIC DEVELOPMENT



# Technology Commercialization

## TAX CREDIT ELIGIBILITY APPLICATION INSTRUCTIONS

### SECTION ONE

(Application Page 7)  
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**Email Address:** Please enter the email address of the business contact

**LA Senator:** Please indicate the senator for your area

**LA Representative:** Please indicate the local representative for your area

**Third Party Consultant:** Please list the name of the third party who assisted in filing the application  
(consultant, CPA firm, law firm, etc.)

### SECTION TWO

(Application Page 8)  
Technology Commercialization  
Information

**NAICS Code:** The NAICS Code is the North American Industry Classification Code assigned by Louisiana Workforce Commission

**Department of Revenue ID:** Enter the company's registered tax ID number as issued by the Louisiana Department of Revenue

**Brief description of technology to be commercialized:** Provide a description of the proposed technology to be commercialized

**List and describe Louisiana location(s) and facilities:** List all Louisiana locations and facilities

**Accredited college, technical school, or university associated:** Provide the name of the school with whom the company has a licensing agreement

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

Provide a description of how technology will be enhanced, sponsored or was acquired by the accredited school

**Check each credit for which you wish to participate:** Choose the credit program in which your company would like to participate

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



**LOUISIANA.**  
Custom-Fit Opportunity.

# Technology Commercialization Credit Program Eligibility Application

Mailing Address  
P.O. Box 94185  
Baton Rouge, LA 70804-9185

Physical Address  
1051 North Third Street  
Baton Rouge, LA 70802

Phone: 225.342.5341  
Fax: 225.342.0142

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## TAXPAYER INFORMATION

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**TAXPAYER**

**TAXPAYER ADDRESS 1**

**TAXPAYER ADDRESS 2**

**CITY**

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**BUSINESS CONTACT**

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**LA STATE SENATOR**

**LA STATE REPRESENTATIVE**

**THIRD PARTY CONSULTANT**

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## TECHNOLOGY COMMERCIALIZATION INFORMATION

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### BRIEF DESCRIPTION OF TECHNOLOGY TO BE COMMERCIALIZED

### LIST AND DESCRIBE LOUISIANA LOCATION(S) AND FACILITIES

### 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.

Check each credit for which you wish to participate.

Commercialization Credits Only     Jobs Credits Only     Both Commercialization and Job Credits

To be considered for job credits, new job employee must not own more than 30% of the company.  
At a minimum, five new direct jobs must be created.

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## CHECKLIST OF ATTACHMENTS

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- Agreements with accredited school
- List of proposed commercialization costs over five year period (i.e. machinery and equipment, fees, etc.)
- List of jobs to be created, along with salary information (if applicable)
- Copy of Health Benefits offered (if applicable)