

APPLICATION FOR LICENSE TO
PRACTICE INVENTION

Return completed application to: 0 V
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PART 1. IDENTIFICATION OF INVENTION

1. NAVY CASE NO. (if known)	2. TITLE OF INVENTION	3. NAME OF INVENTOR(S)
4. PATENT DATA: a. U.S. PATENT APPLICATION SERIAL NO. _____ AND FILING DATE _____ b. U.S. PATENT NO. _____ AND ISSUE DATE _____		
5. SOURCE OF INFORMATION CONCERNING THE AVAILABILITY OF A LICENSE ON THIS INVENTION		

PART II. INFORMATION DESCRIBING APPLICANT

6. NAME, E-MAIL ADDRESS, AND ADDRESS OF THE PERSON, COMPANY, PARTNERSHIP, CORPORATION OR ORGANIZATION APPLYING FOR LICENSE	7. NAME, E-MAIL ADDRESS, ADDRESS, AND TELEPHONE NUMBER OF REPRESENTATIVE OF APPLICANT TO WHOM CORRESPONDENCE SHOULD BE SENT
8. APPLICANTS CITIZENSHIP OR PLACE OF INCORPORATION	9. IS THIS APPLICANT A SMALL BUSINESS FIRM AS DEFINED AT SECTION 2 OF I>>BDC T /P (I)-P (5)-13.4 5__5536 (15 USC 632) A
8a. YEAR IN WHICH COMPANY WAS FOUNDED	
IS NOT EITHER: A UNITED STATES CITIZEN, INCORPORATED IN THE UNITED STATES, OR A UNITED STATES GOVERNMENTAL ORGANIZATION?	
YES ☐ NO ☐	
(IF YES, PLEASE IDENTIFY COMPANY OR GOVERNMENT: _____)	

19. SIGNATURE OF APPLICANT OR REPRESENTATIVE OF APPLICANT	DATE
PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION THAT YOU MAY NEED TO PROVIDE. REMEMBER TO LIST THE NUMBER OF THE QUESTION THAT YOU ARE ANSWERING.	