

APPLICATION FOR LICENSE TO PRACTICE INVENTION

Return completed application to: Ms. Agata Maslowska, Technology Transfer Specialist, Research and Sponsored Programs Office, Naval Postgraduate School. 831.656.2270, agata.maslowska@nps.edu.

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 8a. YEAR IN WHICH COMPANY WAS FOUNDED _____	9. IS THIS APPLICANT A SMALL BUSINESS FIRM AS DEFINED AT SECTION 2 OF PUBLIC LAW 85-536 (15 USC 632) AND IMPLEMENTING REGULATIONS OF THE ADMINISTRATOR OF THE SMALL BUSINESS ADMINISTRATION? YES <input type="checkbox"/> NO <input type="checkbox"/>
10a. IS APPLICANT DIRECTLY OR INDIRECTLY OWNED OR CONTROLLED (IN WHOLE OR IN PART) BY A PERSON OR ENTITY THAT IS NOT EITHER: A UNITED STATES CITIZEN, INCORPORATED IN THE UNITED STATES, OR A UNITED STATES GOVERNMENTAL ORGANIZATION? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, PLEASE IDENTIFY COMPANY OR GOVERNMENT: _____)	
b. IS APPLICANT DEBARRED, SUSPENDED, PROPOSED FOR DEBARMENT OR DECLARED INELIGIBLE FOR PARTICIPATION IN PROCUREMENT PROGRAMS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
11. NATURE AND TYPE OF APPLICANT'S BUSINESS IDENTIFYING PRODUCTS OR SERVICES WHICH THE APPLICANT HAS SUCCESSFULLY COMMERCIALIZED	
12. APPROXIMATE NUMBER OF APPLICANT'S EMPLOYEES:	
13. STATE APPLICANT'S BEST KNOWLEDGE OF THE EXTENT TO WHICH THE INVENTION IS BEING PRACTICED BY PRIVATE INDUSTRY OR THE GOVERNMENT, OR BOTH, OR IS OTHERWISE AVAILABLE COMMERCIALY	

PART III. PLAN FOR DEVELOPMENT AND/ OR MARKETING OF THE INVENTION *(Additional pages may be attached)*

14. DESCRIBE IN DETAIL APPLICANT'S PLAN FOR DEVELOPMENT AND/ OR MARKETING OF THE INVENTION:

- a. STATE THE TIME WHICH APPLICANT BELIEVES WILL BE REQUIRED TO BRING THE INVENTION TO PRACTICAL APPLICATION. INCLUDE MILESTONES AND A TARGET TIME BY WHICH APPLICANT WILL HAVE A COMMERCIAL PRODUCT AVAILABLE TO THE PUBLIC:

- b. STATE THE NATURE AND THE AMOUNT OF ANTICIPATED INVESTMENT OF CAPITAL AND OTHER RESOURCES WHICH APPLICANT BELIEVES WILL BE REQUIRED TO MAKE THE INVENTION AVAILABLE TO THE PUBLIC

- c. STATE THE APPLICANT'S CAPABILITY AND INTENTION TO FULFILL THE PLAN, INCLUDING INFORMATION REGARDING MANUFACTURING (SPECIFY EVERY COUNTRY WHERE PRODUCTS EMBODYING THE INVENTION OF PRODUCED THROUGH THE USE OF THE INVENTION WILL BE MANUFACTURED), MARKETING, FINANCIAL AND TECHNICAL RESOURCES

- d. STATE THE FIELDS OF USER FOR WHICH APPLICANT INTENDS TO PRACTICE THE INVENTION:

- e. STATE THE GEOGRAPHIC AREAS IN WHICH THE APPLICANT INTENDS TO MANUFACTURE ANY PRODUCTS EMBODYING THE INVENTION AND THE GEOGRAPHIC AREAS WHERE APPLICANT INTENDS TO USE AND/ OR SELL THE INVENTION:

- f. STATE THE PROJECTED ANNUAL SALES OF THE INVENTION FOR SEVERAL YEARS AFTER THE DATE IT IS TO AVAILABLE TO THE PUBLIC:

PART IV. OTHER

15. STATE MINIMUM NUMBER YEARS FOR WHICH APPLICANT SEEKS A LICENSE

16. IDENTIFY LICENSES PREVIOUSLY GRANTED UNDER FEDERALLY OWNED INVENTIONS

17. STATE ANY OTHER INFORMATION WHICH THE APPLICANT BELIEVES WILL SUPPORT A DETERMINATION TO GRANT THE LICENSE TO APPLICANT

18. TYPE OF LICENSE REQUESTED

NONEXCLUSIVE

EXCLUSIVE

PARTIALLY EXCLUSIVE _____
(identify limitations)

IF AN EXCLUSIVE OR PARTIALLY EXCLUSIVE LICENSE IS REQUESTED, THE APPLICANT MUST PROVIDE REASONS WHY EXCLUSIVITY IS NECESSARY

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.