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| United States Department of Agriculture**BIOLOGICAL MATERIAL LICENSE APPLICATION****FOR GOVERNMENT INVENTION**Submit an original form to –Business Licensing Officer, U.S. Department of Agriculture, Agricultural Research Service, 5601 Sunnyside Ave.; Rm 4-1159, Beltsville, MD 20705-5131. The signed and dated license application may also be e-mailed as a PDF to license@usda.gov. | 1. AGENCY PATENT CASE NO. (*Optional*)      |
| 2. U.S. PATENT NO.Not Applicable |
| 3. DATE OF PATENTNot Applicable |
| 6. TITLE OF BIOLOGICAL MATERIAL      | 4. U.S. PATENT APPLICATION SERIAL NO.Not Applicable |
| 7. SOURCE OF INFORMATION CONCERNING AVAILABILITY OF THIS INVENTION      | 5. TYPE OF LICENSE[ ]  Exclusive[x]  Nonexclusive |
| 8. NAME AND ADDRESS OF APPLICANT      | 9. NAME AND ADDRESS OF REPRESENTATIVE TO WHOM CORRESPONDENCE SHOULD BE ADDRESSED      |
| 10. STATE OF INCORPORATION (if corporation) or CITIZENSHIP (if an individual)      | 11. TELEPHONE, FAX, AND EMAIL      |
| 12. NATURE AND DESCRIPTION OF APPLICANT’S BUSINESS – Identify products or services successfully commercialized.      |
| 13. APPROXIMATE NUMBER OF EMPLOYEES      | 14. IS APPLICANT A SMALL BUSINESS CONCERN? [ ]  YES [ ]  NO |
| 15. FIELD(S) OF USE IN WHICH APPLICANT INTENDS TO PRACTICE INVENTION      |
| 16. IS APPLICANT WILLING TO ACCEPT A LICENSE FOR LESS THAN ALL FIELDS OF USE AS INDICATED IN ITEM 15 ABOVE? [ ]  YES [x]  NO |
| 17. SPECIAL TERMS OR CONDITIONS OF LICENSE DESIRED      |
| 18. APPLICANT’S BEST KNOWLEDGE OF EXTENT TO WHICH THE INVENTION IS BEING PRACTICED BY PRIVATE INDUSTRY AND/OR GOVERNMENT, OR IS OTHERWISE AVAILABLE COMMERCIALLY      |
| 19. GEOGRAPHIC AREAS IN WHICH APPLICANT INTENDS TO MAKE, USE, AND/OR SELL THIS INVENTION      |
| 20. DETAILED DESCRIPTION OF DEVELOPMENT AND/OR MARKETING FOR EACH FIELD OF USE TO WHICH RIGHTS ARE SOUGHT (**PLEASE REVIEW INSTRUCTIONS**)      |
| 21. ADDITIONAL INFORMATION TO SUPPORT APPLICATION      |
| 22. Application is made for a license to practice in the United States, the Government-owned invention identified herein, in accordance with 35 USC 208 | SIGNATURE OF APPLICANT or AUTHORIZED REPRESENTATIVE | DATE |