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| United States Department of Agriculture  **PATENT 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](mailto:license@usda.gov). | | | 1. AGENCY PATENT CASE NO.  (*Optional*) | |
| 2. U.S. PATENT NO. | |
| 3. DATE OF PATENT | |
| 6. TITLE OF PATENT/PATENT APPLICATION | | | 4. U.S. PATENT APPLICATION  SERIAL NO. | |
| 7. SOURCE OF INFORMATION CONCERNING AVAILABILITY OF THIS INVENTION | | | 5. TYPE OF LICENSE  Exclusive  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  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 |