OMB Control No. 1640-0002
Expires: March 31, 2004

DEPARTMENT OF HOMELAND SECURITY
APPLICATION FOR TRANSFER OF DESIGNATION

NAME OF DESIGNATION HOLDER (SELLER/ASSIGNOR):

_____

Designation Holder Point of Contact: _____
(Title and Telephone Number)

NAME OF TRANSFEREE/ASSIGNEE: _____
Transferee Point of Contact: _____
(Title and Telephone Number)

NAME OF TECHNOLOGY (as it appears on the official designation certificate):

_____

DESIGNATION NUMBER/CODE: _____
(Attach a copy of the Qualified Anti-Terrorism Technology Designation documentation issued by the Department of Homeland Security)

EFFECTIVE DATE OF DESIGNATION: _____

METHOD OF EXCHANGE (circle one):
EXCLUSIVE LICENSE TRANSFER ASSIGNMENT

EFFECTIVE DATE OF EXCHANGE OF TECHNOLOGY: _____

CERTIFICATION: The undersigned certifies that he/she is a duly authorized representative of the above referenced Designation Holder. The undersigned further certifies that the information above is accurate and complete. The undersigned stipulates that the Designation Holder has exchanged with the Transferee/Assignee all right, title and interest in and to the above named technology described by the referenced Designation through transfer, assignment or exclusive license on the specified exchange date. False representations constitute a violation of 18 U.S.C. §1001 and are punishable by fine and imprisonment.

_____
Representative of Designation Holder Date

_____
Printed name and title of representative of Designation Holder