

**DEPARTMENT OF HOMELAND SECURITY**

**APPLICATION FOR MODIFICATION OF DESIGNATION**

NAME OF DESIGNATION HOLDER (SELLER/LICENSOR):

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

NAME OF LICENSEE: \_\_\_\_\_

Transferee Point of Contact: \_\_\_\_\_  
(Title and Telephone Number)

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

\_\_\_\_\_

DESIGNATION NUMBER/CODE: \_\_\_\_\_

EFFECTIVE DATE OF DESIGNATION: \_\_\_\_\_

**DESCRIPTION OF CURRENT TECHNOLOGY:** Designation Holder should attach a copy of its current Qualified Anti-Terrorism Technology Designation documentation as issued by the Department of Homeland Security.

**DESCRIPTION OF PROPOSED CHANGE OR MODIFICATION:** Designation Holder should attach a detailed description of the proposed change or modification to the Qualified Anti-Terrorism Technology and how such changes or modifications will impact the usage, effectiveness, cost, potential third party liability, or potential risk to the public of the technology. Based upon this description, the Government reserves the right to open a dialogue with the Designation Holder regarding the details of the change or modification or request additional clarifying information.

**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 Designation Holder understands that any significant change or modification to the Qualified Anti-Terrorism Technology will automatically terminate the Designation absent prior written approval by the appropriate Department of Homeland Security official before implementation of the change or modification. False representations constitute a violation of 18 U.S.C. §1001 and are punishable by fine and imprisonment.

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Representative of Designation Holder Date

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Printed name and title of representative of Designation Holder