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

## <u>DEPARTMENT OF HOMELAND SECURITY</u> <u>APPLICATION FOR TRANSFER OF DESIGNATION</u>

| 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   |
| (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  |