OMB Control No. 1640-0004
Expires: March 31, 2004

DEPARTMENT OF HOMELAND SECURITY

NOTICE OF LICENSE OF APPROVED ANTI-TERRORISM TECHNOLOGY

NAME OF CERTIFICATION HOLDER (SELLER/LICENSOR):

_____

Certification 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 Certification documentation):

_____

CERTIFICATION NUMBER/CODE: _____
(Attach a copy of the Approved Anti-Terrorism Technology Certification documentation issued by the Department of Homeland Security)

EFFECTIVE DATE OF CERTIFICATION: _____

METHOD OF LICENSE (circle one): EXCLUSIVE NON-EXCLUSIVE

SCOPE OF LICENSE: _____

DATE OF COMMENCEMENT OF LICENSE:_____

AFFIRMATION: The undersigned affirms that he/she is a duly authorized representative of the above referenced Certification Holder. The undersigned further affirms that the information above is accurate and complete. The undersigned stipulates that the Certification Holder has entered into a license with the Licensee for the above named technology described by the referenced Certification through a 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 Certification Holder Date

_____
Printed name and title of representative of Certification Holder