

United States Department of Agriculture  
**PATENT LICENSE APPLICATION  
FOR GOVERNMENT INVENTION**

OMB NO. 0518-0  
EXPIRATION DATE: 06/31

INSTRUCTIONS: Submit an original and one copy to -

Coordinator, Technology Licensing Program, U.S. Department of Agriculture, Agricultural Research Service,  
If more space is needed, attach additional sheets and identify item number.

1. AGENCY PATENT CASE NO. (Optional)
2. U.S. PATENT NO.
3. DATE OF PATENT
4. U.S. PATENT APPLICATION SERIAL NO.

6. TITLE OF PATENT/PATENT APPLICATION
7. SOURCE OF INFORMATION CONCERNING AVAILABILITY OF A LICENSE ON THIS INVENTION
5. TYPE LICENSE AND DURATION <input type="checkbox"/> Exclusive for ___ years, and/or <input type="checkbox"/> Nonexclusive for ___ years

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 NO.
12. NATURE AND DESCRIPTION OF APPLICANT'S BUSINESS - Identify products or services successfully commercialized.	

APPROXIMATE NUMBER OF EMPLOYEES	14. IS APPLICANT A SMALL BUSINESS CONCERN? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. FIELD(S) OF USE IN WHICH APPLICANT INTENDS TO PRACTICE THE INVENTION	

16. IS APPLICANT WILLING TO ACCEPT A LICENSE FOR LESS THAN ALL FIELDS OF USE AS INDICATED IN ITEM 15 ABOVE?  
 Yes (Give specifics)  No

17. SPECIAL TERMS OR CONDITIONS OF LICENSE DESIRED

18. APPLICANT'S BEST KNOWLEDGE OR EXTENT TO WHICH THE INVENTION IS BEING PRACTICED BY PRIVATE INDUSTRY AND/OR GOVERNMENT, OR IS OTHERWISE AVAILABLE COMMERCIALY.

19. GEOGRAPHIC AREAS IN WHICH APPLICANT INTENDS TO - (1) Manufacture any products embodying the invention and  
(2) Use or sell the invention.

20. DETAILED DESCRIPTION FOR DEVELOPMENT AND/OR MARKETING OF INVENTION FOR EACH FIELD OF USE TO WHICH RIGHTS ARE SOUGHT -  
(1) Funding Commitment; (2) Staffing; (3) Market Plan; (4) Sales Projections; (5) Time needed for regulatory approvals; and (6) Other factor impacting your ability to rapidly bring  
the invention into public use.

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 REPRESENTATIVE

DATE

**AGENCY DISCLOSURE OF ESTIMATED BURDEN:**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0518-0003. The time required to complete this information collection is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Applicants with suggestions for reducing this burden may contact: Coordinator, Technology Licensing Program, 5601 Sunnyside Avenue, Beltsville, MD 20705-5131.

Revision 8/98