

NOTICE OF LICENSE OF QUALIFIED ANTI-TERRORISM TECHNOLOGY

Except as may be restricted by the terms and conditions of a particular Designation or Certification, a SAFETY Act Designation or Certification may apply to any other person, firm, or other entity to which the Seller licenses (exclusively or non-exclusively) the right to sell the Technology, in the same manner and to the same extent that such Designation applies to the original Seller. Sellers wishing to license the right to sell their Technology and its Designation or Certification should submit a “Notice of License of Qualified Anti-Terrorism Technology” within 30 days of the commencement of the license.

(Notice of License Form on following page)

Privacy Act Notice: DHS Authority to Collect This Information: 6 U.S.C. §§ 441–444 (the “SAFETY Act”) and 6 C.F.R. Part 25, 71 Fed. Reg. 33147, 33159. **Principal Purposes:** DHS collects telephone numbers, addresses, and licensing information for the purpose of contacting individuals seeking liability protections on issues related to the SAFETY ACT application process and those wishing to license the right to sell their Technology and its Designation or Certification. **Routine Uses and Sharing:** In general, DHS will not use this information for any purpose other than DHS personnel contacting the individual. However, DHS may release this information of an individual on a case-by-case basis as described in the S&T SAFETY Act System of Records Notice (SORN), which can be found at: www.dhs.gov/privacy. **Disclosure:** Submission of this information is voluntary and an individual may opt not to provide the requested information or to provide only some of the information DHS requests. If an individual chooses to opt not to provide some or all of the requested information, DHS may not be able to process the individual’s request.

PRA Burden Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information collection unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1640-0001 and this form will expire on XX/XX/XXXX. The estimated average time to complete this form is 50 hours per respondent. If you have any comments regarding the burden estimate you can write to Department of Homeland Security, Science and Technology Directorate, Washington, DC 20528.

NOTICE OF LICENSE OF QUALIFIED ANTI-TERRORISM TECHNOLOGY

L1. Seller Name: _____

L2. QATT information

L2.1. QATT Name: _____

L2.2. QATT Application ID Number: _____

L3. Name of Licensee: _____

L3.1. Licensee Place of Incorporation: _____

L4. Method of License (choose one):

Exclusive

Non-Exclusive

L5. Date of Commencement of License: ____/____/20____

L6. Term of License: _____

L7. Provide a description of the license agreement including an affirmation that SAFETY Act protections only attach to the Technology that is described in Exhibit A of the licensor's letter of Designation or Certification, as applicable. Attach supporting information as necessary. Indicate that the transferee is cognizant of the requirement to meet the transferor's insurance requirements and any other special conditions which might affect the deployment of the licensed Technology.

L8. Provide information regarding the described licensing effect on the QATT's safety or efficacy, or risk(s) associated with its deployment.

If POCs are provided as sources of information or testimonials, check below to indicate that you have contacted them and that they are expecting to hear from DHS related to your Technology. Also, indicate below what information we should expect from each POC.

The POCs are expecting contact from DHS. The information the POC can provide or verify is:

DECLARATION FOR WRITTEN SUBMISSIONS

I declare, to the best of my knowledge and belief, that the information provided in response to the questions set forth in this Application for SAFETY Act liability protections is true, factual, and correct, and that I am an authorized agent of the Applicant.

Prepared By: _____ Title (if applicable): _____

Signature: _____ Date: ___/___/20__

The signature of the Preparer must be notarized below:

State of: _____ County of: _____

Subscribed and sworn before me this _____ day of _____

Notary Public: _____

My Commission Expires on: _____

Instructions for Completing Notice of License Form:

Item L1. Seller Name

Enter the name of the current Seller of the QATT whose Designation you wish to license.

Item L2. QATT Information

Item L2.1. QATT Name

Enter the name of the QATT as it appears in the Seller's most recent correspondence with the OSAI.

Item L2.2. QATT Application Identification Number

Enter the Application Identification Number of the original Designation for this QATT.

Item L3. Name

Enter the registration name of the Licensee. This should be the company or business unit name used by the Licensee to register as a Seller. The recipient of the license must be registered with the OSAI before the notice of license can take place. See Chapter 5 of this kit for detailed instructions on how to register. Registration with the OSAI does not commit the registrant to any further actions.

Item L3.1. Place of Incorporation

Identify the place where the transferee is incorporated.

Item L4. Method of License

Check the box corresponding to the type of License you are performing. Check "Exclusive license" if the current Seller retains rights in the QATT and will not be transferring any of these same transferred rights to anyone other than the Licensee named in this form. Check "Non-exclusive license" if the current Seller retains rights and may transfer some or all of those rights to entities other than the Licensee named in this form.

Item L5. Date of Commencement of License

Enter the date of the commencement of the license or the proposed date if that has not yet occurred. Use month/date/year format.

Item L6. Term of License

Enter term of license.

Item L7. Description of License Agreement

Summarize the nature and terms of the License agreement. Attach additional sheets if necessary.

Item L8. Effect

Please describe the effect the licensing will have on the QATT's safety or efficacy and provide any available supporting information.

If POCs are provided as sources of information or testimonials, please indicate that you have contacted them and that they are expecting to hear from DHS related to your Technology. Also, indicate what information we should expect from each POC.

Declaration

An authorized agent of the Applicant must sign and date this form before submitting it to OSAI. For electronic or Web submissions, follow the instructions provided at safetyact.gov.