

**REINSTATEMENT  
DATA SHEET - REGISTER OF PATENT ATTORNEYS AND AGENTS**

You must provide a correspondence/business name, address and telephone number in the boxes below. Government employees must provide the name and address of the department or Government agency in the correspondence/business name, address and telephone number boxes. This will be published in the Government publication **Attorneys and Agents Registered to Practice Before the United States Patent and Trademark Office**. Also provide your home address and telephone number. Only one correspondence address and telephone number will be published.

**COMPLETE ALL LINES**

<b>LEGAL NAME</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>FOR USPTO USE ONLY</b>	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.				AGENT: _____ ATTORNEY: _____	
<b>REGISTRATION NUMBER</b>		<b>E-MAIL (primary)</b>			
<b>E-MAIL (secondary)</b>		<b>CITIZENSHIP (country)</b>			
<b>DATE OF BIRTH (month, day, year)</b>		<b>PLACE OF BIRTH (City, State, Country)</b>			
<b>CORRESPONDENCE/BUSINESS NAME</b> Employer, corporation, law firm, U.S. Government agency. Indicate if student or unemployed					
<b>CORRESPONDENCE/ BUSINESS ADDRESS</b> (street, bldg., suite, etc.) This address will be used for official correspondence.				<b>BUSINESS NUMBER</b>	
<b>BUSINESS CITY</b>		<b>BUSINESS STATE</b>	<b>BUSINESS COUNTRY</b>	<b>BUSINESS ZIP CODE</b>	
<b>HOME ADDRESS</b>				<b>HOME NUMBER</b>	
<b>HOME CITY</b>		<b>HOME STATE</b>	<b>HOME COUNTRY</b>	<b>HOME ZIP CODE</b>	

1. REINSTATEMENT:
  - I am applying for reinstatement as a former government employee (administratively inactive). Enclosed is my application fee set forth in 37 CFR § 1.21(a)(1)(i). Also enclosed is the Undertaking form.
  - I am applying for reinstatement for a change from inactive to active status.
  - I am applying for reinstatement after discipline. Enclosed is my application fee set forth in 37 CFR § 1.21(a)(10). If you are required to take the Registration Exam, please use Form PTO-158.
  - I am applying for reinstatement after administrative suspension. Enclosed is my reinstatement fee and delinquency fee set forth in 37 CFR § 1.21(a)(9).
2. Registration Status:  ATTORNEY  AGENT      If you are an attorney, please list all States of the United States in which you are a member in good standing of the bar of the highest court of the State: \_\_\_\_\_
3.  YES  NO      In the last five (5) years, have you been suspended or disbarred from practice on ethical grounds by any duly constituted authority of a State of the United States, or in the case of a practitioner who resides in a foreign country or is registered under 37 CFR § 11.6(c) by any duly constituted authority of the country in which the practitioner resides? If YES, please attach a statement explaining when, where and the grounds for the disbarment or suspension.
4.  YES  NO      In the last five (5) years, have you been convicted of a felony or misdemeanor (other than a traffic violation) by any federal, State or other law enforcement authority? If YES, please attach a statement giving the date, charge, and place of the offense and an explanation of the facts and circumstances leading to the conviction.
5.  YES  NO      Are you an employee of the United States Government? PLEASE NOTE: U.S. Government employees are not available to accept private clients or to represent clients other than their agency before the United States Patent and Trademark Office. 18 U.S.C. § 205; 37 CFR §§ 11.10(d) and (e).
6.  YES  NO      Are you a former patent examiner of the United States Patent and Trademark Office?

**I certify that each and every statement or representation in this Data Sheet is true and accurate (a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. § 1001)).**

7. Signature of Applicant

Date

### **PRA Act Statement**

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### **Privacy Act Statement**

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<https://www.federalregister.gov/documents/2013/03/19/2013-06254/privacy-act-of-1974-system-of-records>