

United States Department of Agriculture
**PLANT VARIETIES LICENSE APPLICATION
 FOR GOVERNMENT INVENTION**

Submit an original form to –
 Coordinator, Technology Licensing Program, U.S. Department of Agriculture, Agricultural Research
 Service, 5601 Sunnyside Ave.; Rm 4-1159, Beltsville, MD 20705-5131. The signed and dated license application may
 also be faxed to (301) 504-5060 or e-mailed as a PDF to license@ars.usda.gov.

| | | |
|--|--|---|
| | | 1. AGENCY PATENT CASE NO. (Optional) |
| | | 2. U.S. PATENT NO. |
| | | 3. DATE OF PATENT |
| 6. TITLE OF PATENT/PATENT APPLICATION | | 4. U.S. PATENT APPLICATION SERIAL NO. |
| 7. SOURCE OF INFORMATION CONCERNING AVAILABILITY OF THIS INVENTION | | 5. TYPE OF LICENSE <input type="checkbox"/> Exclusive <input type="checkbox"/> Nonexclusive |
| 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, FAX, AND EMAIL | |
| 12. NATURE AND DESCRIPTION OF APPLICANT'S BUSINESS – Identify products or services successfully commercialized. | | |
| 13. 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 INVENTION | | |
| 16. IS APPLICANT WILLING TO ACCEPT A LICENSE FOR LESS THAN ALL FIELDS OF USE AS INDICATED IN ITEM 15 ABOVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | |
| 17. SPECIAL TERMS OR CONDITIONS OF LICENSE DESIRED | | |
| 18. APPLICANT'S BEST KNOWLEDGE OF 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 MAKE, USE, AND/OR SELL THIS INVENTION | | |
| 20. DETAILED DESCRIPTION OF DEVELOPMENT AND/OR MARKETING FOR EACH FIELD OF USE TO WHICH RIGHTS ARE SOUGHT (PLEASE REVIEW INSTRUCTIONS) | | |
| 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 AUTHORIZED REPRESENTATIVE | DATE |