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| <h2 style="margin: 0;">Request for Customer Number</h2> | <p>Address to:</p> <p>Mail Stop CN Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> |
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Although the Requester acknowledges that Internet communications are not secure, the Requester hereby authorizes the USPTO to send the assigned customer number by e-mail to the email address listed below.

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| To the Commissioner for Patents: Please assign a Customer Number to the address indicated below: | | | | |
| Firm or Individual Name | | | | |
| Address | | | | |
| City | | State | | Zip |
| Country | | | | |
| Telephone | | Email | | |
| Please associate the following practitioner registration number(s) with the Customer Number assigned to the address cited above. | | | | |
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| Additional practitioner registration numbers are listed on supplemental sheet(s) attached hereto. | | | | |
| Request Submitted by: | | | | |
| Firm Name (if applicable) | | | | |
| Signature | | | | |
| Name of person submitting request | | | Date | |
| Registration Number, if applicable | | | Telephone Number | |

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This information collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Office of the Chief Administrative Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Mail Stop CN, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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| <h2 style="margin: 0;">Request for Customer Number</h2> | <h2 style="margin: 0;">Practitioner Registration Number Supplement Sheet</h2> |
| Page | of |
| Pages | |

Please associate the following practitioner registration number(s) with the Customer Number assigned to the Address cited on Request for Customer Number form attached.

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| Firm Name | |
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|------|--|---|
| Date | | Additional supplemental sheets(s) attached hereto |
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