

U.S. DEPARTMENT OF ENERGY
INVENTION CERTIFICATION
FOR FEDERAL AWARD

Prime Contractor Name: _____

Prime Contract Number: _____

Task Order Number: _____ Not Applicable

Certifying Entity Type: Certification by Prime Contractor

Certification by Subcontractor

Subcontractor Name: _____

Subcontractor Number _____

Certification Type:

(Choose only one)

INTERIM Certification – Future Certification Required

The following period is covered by the certification: _____ TO _____

Contractor hereby certifies that all subject inventions have been identified and disclosed as required by the patent clause of the applicable subcontract or contract.

FINAL Certification

This certification is the final and complete patent certification submitted by the undersigned and covers all subject inventions developed or first reduced to practice in the performance of the above identified task order, subcontract or contract, except for any subcontracts listed below as not being included in this certification.

Contractor hereby certifies that all subject inventions have been identified and disclosed as required by the patent clause of the applicable subcontract or contract.

Subcontractor(s):

(Choose only one)

No Subcontractor(s) used to perform experimental, developmental or research work.

Subcontractor(s) used to perform experimental, developmental or research work.

Research and Development Subcontractor:

Subcontractor Name: _____

Subcontract Number: _____

Invention Certification: Included in this certification

Not included in this certification, but provided separately

Research and Development Subcontractor:

Subcontractor Name: _____

Subcontract Number: _____

Invention Certification: Included in this certification

Not included in this certification, but provided separately

Research and Development Subcontractor:

Subcontractor Name: _____

Subcontract Number: _____

Invention Certification: Included in this certification
 Not included in this certification, but provided separately

Research and Development Subcontractor:

Subcontractor Name: _____

Subcontract Number: _____

Invention Certification: Included in this certification
 Not included in this certification, but provided separately

Listing of Subject Invention(s):

(Choose only one)

- No Subject Invention(s)
- Attached: A complete listing of inventions are attached including title, listing of inventors, date reported to DOE Patent Counsel, and the DOE S-number or iEdison Invention Report Number/EIR Number.
- Listed Below

Subject Invention:

DOE S-Number or iEdison Invention Report Number/EIR Number: _____

Corresponding Patent/Application Number(s): _____

Inventor(s): _____

Title: _____

Subject Invention:

DOE S-Number or iEdison Invention Report Number/EIR Number: _____

Corresponding Patent/Application Number(s): _____

Inventor(s): _____

Title: _____

Subject Invention:

DOE S-Number or iEdison Invention Report Number/EIR Number: _____

Corresponding Patent/Application Number(s): _____

Inventor(s): _____

Title: _____

Subject Invention:
DOE S-Number or iEdison Invention Report Number/EIR Number: _____
Corresponding Patent/Application Number(s): _____
Inventor(s): _____
Title: _____

Subject Invention:
DOE S-Number or iEdison Invention Report Number/EIR Number: _____
Corresponding Patent/Application Number(s): _____
Inventor(s): _____
Title: _____

Signature: By signing below, the undersigned is certifying that the above information is accurate and acknowledges that any inaccurate information provided herein or any failure to timely disclose a subject invention could result in the loss of rights in or to the subject invention, including losing title to or a license to use the subject invention. Furthermore, if this certification includes a subcontractor, the undersigned further certifies that each subcontractor included in this certification has provided written permission to the undersigned to be included in the certification and that the subcontractor was made aware that any failure to timely disclose a subject invention could result in the subcontractor losing rights in or to the subject invention, including losing title to or a license to use the subject invention. The undersigned hereby acknowledges that any willful false statement made herein is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

Full Name: _____

Title: _____

Company/Organization Name: _____

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____

OMB Disclosure Statement

This form is mandatory. Public reporting burden for this collection of information is estimated to average 2 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of the Chief Information Officer, Records Management Division, IM-23, Paperwork Reduction Project OMB control number 1910-0800, U.S. Department of Energy, 1000 Independence Ave SW, Washington, DC, 20585-1290; and to the Office of Management and Budget (OMB), OIRA, Paperwork Reduction Project OMB control number 1910-0800, Washington, DC 20503.