

## Registration Statement 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.				
<b>CORRESPONDENCE/ BUSINESS ADDRESS</b> (street, bldg., suite, etc.) This address will be used for official correspondence.	<b>CORRESPONDENCE/BUSINESS NAME</b> Employer, corporation, law firm, U.S. Government agency. Indicate if student or unemployed.			
				<b>REGISTRATION NUMBER</b>
<b>CORRESPONDENCE/BUSINESS CITY</b>		<b>CORRESPONDENCE/BUSINESS STATE</b>		<b>CORRESPONDENCE/BUSINESS COUNTRY</b>
<b>CORRESPONDENCE/BUSINESS ZIP CODE</b>		<b>PHONE NUMBER</b> (daytime)		<b>E-MAIL</b> (primary)
<b>E-MAIL</b> (secondary)		<b>CITIZENSHIP</b> (country)		<b>DATE OF BIRTH</b> (month, day, year)
<b>ALTERNATE/HOME ADDRESS</b>				<b>ALTERNATE/HOME PHONE NUMBER</b>
<b>ALTERNATE/HOME CITY</b>		<b>ALTERNATE/HOME STATE</b>	<b>ALTERNATE/HOME COUNTRY</b>	<b>ALTERNATE/HOME ZIP CODE</b>

1. Do you wish to remain on the register?  YES  NO

**If "NO", do not complete items 3 through 7. Sign, date and return this Data Sheet**

2. Registration Status:  ATTORNEY  AGENT

3. 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: \_\_\_\_\_

4.  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.

5.  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.

6.  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).

7.  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)).**

<b>8. Signature of Applicant</b>	<b>Date</b>
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