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| **U.S. PATENT AND TRADEMARK OFFICE** | OMB No. 0651‐0012 | Approved through x/xx/xxxx | **FORM PTO‐107R** |
| **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** |
| **LEGAL NAME Last Name First Name Middle Name**🞏 Mr. 🞏 Ms. | ***FOR USPTO USE ONLY*** |
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| **REGISTRATION NUMBER** | **E-MAIL** (primary) |  |
| **E‐MAIL** (secondary) | **CITIZENSHIP** (country) |  AGENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATTORNEY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **DATE OF BIRTH** (month, day, year) | **PLACE OF BIRTH** (City, State, Country) |  |
| **CORRESPONDENCE/BUSINESS NAME** Employer, corporation, law firm, U.S. Government agency. Indicate if student or unemployed |
| **CORRESPONDENCE/ BUSINESS ADDRESS** (street, bldg., suite, etc.) This address will be used for official correspondence. | **BUSINESS NUMBER** |
| **BUSINESS CITY** | **BUSINESS STATE** | **BUSINESS COUNTRY** | **BUSINESS ZIP CODE** |
| **HOME ADDRESS** | **HOME NUMBER** |
| **HOME CITY** | **HOME STATE** | **HOME COUNTRY** | **HOME ZIP CODE** |
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|  | 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). |
|  | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 🞏 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. |
|  | 🞏 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. |
|  | 🞏 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). |
|  | 🞏 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)).** |
|  | Signature of Applicant | Date |

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