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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
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Telephone		Email		
Please associate the following practitioner registration number(s) with the Customer Number assigned to the address cited above.				
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
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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.**

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<h2 style="margin: 0;">Request for Customer Number</h2>	<h2 style="margin: 0;">Practitioner Registration Number Supplement Sheet</h2>
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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.

Firm Name				
Date		Additional supplemental sheets(s) attached hereto		

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