

UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE ACTION FORM

(Block 1) REQUESTOR STATUS	PTO USE ONLY
<input type="checkbox"/> Registered Attorney, Registration Number <input style="width:150px;" type="text"/> <input type="checkbox"/> ProSe Inventor	

(Block 2) REQUESTOR INFORMATION - (PRINT INFORMATION ABOVE GREY LINE)			
Given Name	Middle name	Family Name	
Street Address		APT	
City	State Code	Postal Code	Country Name
Telephone Number	Facsimile Number	Email Address	
Customer Number <input style="width:150px;" type="text"/>	Additional Customer Numbers Attached <input type="checkbox"/>		

(Block 3) ACTION	
Certificate Application <input type="checkbox"/>	I request a Certificate be issued to me by the USPTO.
Certificate Revocation <input type="checkbox"/> I request that my Certificate be revoked.	Reason (Select One): New Certificate <input type="checkbox"/> Issued Legal Name Change <input type="checkbox"/> No Longer Needed <input type="checkbox"/> Other <input type="checkbox"/>
	Key Compromise <input type="text"/> Date Last Known to be Un-compromised <input style="width:100px;" type="text"/>
Key Recovery: <input type="checkbox"/> I request that my encryption key be recovered.	Reason (Select One): Forgotten or Lost Password <input type="checkbox"/> Entrust Profile Corrupted or Lost <input type="checkbox"/>
	Other <input type="text"/> Describe <input style="width:300px;" type="text"/>

(Block 4) SIGNATURE	
I have read and understand the Subscriber Agreement (Version 1, December 1999) and my signature on this document, by hand, is my agreement to abide by the agreement and the rules and policies of the USPTO regarding the agreement.	
I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).	
_____ (Requestor signature required from block 1)	_____ Date (mm/dd/yyyy)

(Block 5) IDENTIFICATION	
SUBSCRIBED and SWORN to before me by _____ this ____ day of _____, _____ of _____ _____ (county)	(Notarial seal)
Notary Public _____ MY COMMISSION EXPIRES: _____	

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS ATTACHED