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AUTHORIZATION TO PERMIT ACCESS TO APPLICATION BY PARTICIPATING OFFICES

COMPLETE IF KNOWN

Application Number	
Filing Date	
First Named Inventor	
Attorney Docket Number	
Title (Required)	

Send completed form to: Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450

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In accordance with 37 CFR 1.14(h)(3), access will be provided to a copy of the application-as-filed with respect to: 1) the above-identified application, 2) any foreign application to which the above-identified application claims priority under 35 USC 119(a)-(d) if a copy of the foreign application that satisfies the certified copy requirement of 37 CFR 1.55 has been filed in the above-identified US application, and 3) any U.S. application from which benefit is sought in the above-identified application.

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No fee will be charged under 37 CFR 1.19(b)(1) for providing a participating intellectual property office with an electronic copy of the above-identified application.

This form must be signed by an authorized party in accordance with 37 CFR 1.14(c).

_____	_____
Signature	Date
_____	_____
Printed or Typed Name	Telephone Number
_____	_____
Title	Registration Number, if applicable

This collection of information is required by 37 CFR 1.14(h). 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 collection is estimated to take 6 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 Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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