

Fax the completed forms and a summary of the invention disclosure to USDA/CSREES: (202) 720-7714

Cooperative State Research, Education, and Extension Service, United States Department of Agriculture

INVENTOR CERTIFICATION

Institution: _____
Grant Number(s): _____
University Record Number: _____ Edison Disclosure Number: _____
Title of Invention: _____
Inventor(s): _____

I am an inventor of the above-referenced subject invention and my employer, the above-referenced institution has elected not to retain title to this invention and has permitted me to request that I be allowed to retain title pursuant to 37 CFR 401.9 and 35 U.S.C.35(d) . In support of the request that I be allowed to retain title, I hereby certify that:

- 1) If allowed to retain title, I agree to be bound by any conditions imposed by the above-referenced institution, and at least those conditions that would apply to a small business firm under paragraphs (d)(1) and (3), (f)(4), (h), (I); and (j) of the clause at 37 CFR 401.14(a);
- 2) If allowed to retain title, I will seek patent protection for the subject invention within one year of the date of approval of title retention and provide CSREES with documentation of the patent application number, filing date and inclusion of the Federal support clause; and

I certify, to the best of my knowledge and belief, that the statements herein are true, accurate, and complete. I understand that willful provision of false information is a criminal offense (Title 18 U.S. Code, Section 1001) and that any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).

I agree that the right to title to this invention shall immediately revert back to the U.S. Government if a patent application has not been filed on this subject invention within one year unless written approval is received from CSREES for an extension of time.

_____ Dated: _____

Signature

Printed Name: _____
Street Address: _____
City, State, Zip Code: _____
Area Code/Phone Number: _____ E-mail: _____
(Information and signatures of additional inventors may be attached.)

TO BE COMPLETED BY THE ABOVE-REFERENCED INSTITUTION

Reason institution is not retaining the rights to the invention:

As the authorizing official of the above-referenced institution, I hereby approve the release of rights to the above-reference invention. The inventor(s) certified above have permission to obtain rights to the above-referenced invention with the approval of the Cooperative State Research, Education, and Extension Service, United States Department of Agriculture.

_____ Dated: _____

Authorizing Official's Signature

Title