

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>DESIGN PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No. _____
	First Inventor or Application Identifier _____
	Title _____
	Express Mail Label No. _____

<b>ADDRESS TO:</b>  <b>Assistant Commissioner for Patents Box Design Washington, DC 20231</b>	<b>DESIGN V. UTILITY:</b> A "design patent" protects an article's ornamental appearance (e.g., the way an article looks) (35 U.S.C. 171), while a "utility patent" protects the way an article is used and works (35 U.S.C. 101). The ornamental appearance of an article includes its shape/configuration or surface ornamentation upon the article, or both. Both a design and a utility patent may be obtained on an article if invention resides both in its ornamental appearance and its utility. For more information see MPEP 1502.01.
---	--

APPLICATION ELEMENTS <small>See MPEP chapter 1500 concerning design patent application contents.</small>	ACCOMPANYING APPLICATION PARTS
1. <input type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Specification [Total Pages <input type="checkbox"/> ] <i>(preferred arrangement set forth below, MPEP 1503.01)</i> - Preamble - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Description of the figure(s) of Drawings - Description, if any - Claim (only one (1) claim permitted, MPEP 1503.03) 3. <input type="checkbox"/> Drawing(s) (37 C.F.R. § 1.152) [Total Sheets <input type="checkbox"/> ] 4. Oath or Declaration [Total Pages <input type="checkbox"/> ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 14 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	5. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 6. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 7. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 9. <input type="checkbox"/> Preliminary Amendment 10. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 11. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired <i>(PTO/SB/09-12)</i> 12. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 13. <input type="checkbox"/> Other: ..... ..... ..... ..... ..... .....

**\* NOTE FOR ITEMS 1 & 11: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

14. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:  
 Continuation     Divisional     Continuation-in-part (CIP)    of prior application No: \_\_\_\_\_ / \_\_\_\_\_  
 Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_  
**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**15. CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label  or  Correspondence address below  
*(Insert Customer No. or Attach bar code label here)*

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Registration No. (Attorney/Agent)
Signature	Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Design, Washington, DC 20231.