

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.

<h2 style="margin: 0;">Request for Customer Number</h2>	<p>Address to:</p> <p>Assistant Commissioner for Patents</p> <p>Box CN</p> <p>Washington, DC 20231</p>
---	---

To the Commissioner of Patents and Trademarks: Please assign a Customer Number to the Correspondence Address indicated below.				
Firm or Individual Name				
Address				
Address				
City		State		ZIP
Country				
Telephone		Fax		
Please associate the following practitioner registration number(s) with the Customer Number assigned to the Correspondence Address cited above.				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional practitioner registration numbers are listed on supplemental sheet(s) attached hereto

Request Submitted by:	
Firm Name (if applicable)	
Name of Person submitting request	
Signature	
Telephone Number	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 CN, Washington, DC 20231.

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.

Request for Customer Number	Practitioner Registration Number Supplemental Sheet
	Page of Pages

Please associate the following Practitioner Registration Numbers with the Customer Number assigned to the Correspondence Address cited on Request for Customer Number form attached.

Firm Name			
Date		<input type="checkbox"/> Additional supplemental sheet(s) attached hereto	

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 CN, Washington, DC 20231.