

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional)
<p>I hereby declare that: My residence, post office address and citizenship are stated below next to my name. I represent the following company: _____, and the title of my position with said company is: _____ The entire title to the patent identified below is vested in said company.</p>		
Name of Patentee _____		
Patent Number _____	Date Patent Issued _____	
Title of Invention _____		
<p>I believe said patentee to be the original, first and sole or joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled _____, the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number ____ / _____ and was amended on _____ . (If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing, said defects being described below.</p> <p><input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent, said excess or insufficiency in the claims being specified below.</p> <p><input type="checkbox"/> by reason of other errors, described below.</p> <p>The errors relied upon in the above statements, and how the errors occurred, are as follows:</p>		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 5.0 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, Washington, DC 20231.

(REISSUE APPLICATION DECLARATION BY THE ASSIGNEE, page 2)

Docket Number (Optional)

The errors described above arose without any deceptive intention on the part of the applicant.

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of person signing (given name, family name)

Signature

Date

Residence

Citizenship

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