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PTO/SB/16 (3-97)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
valid OMB control number.

PROVISIONAL APPLICATION FOR PATENT COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53 (b)(2).

INVENTOR(S)					
Given Name (first and middle [if any])	Family Name or Surname	Residence (City and either State or Foreign Country)			
<input type="checkbox"/> Additional inventors are being named on the ____ separately numbered sheets attached hereto					
TITLE OF THE INVENTION (280 characters max)					
Direct all correspondence to: CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number		<input style="width: 150px;" type="text"/>		Place Customer Number Bar Code Label here	
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ENCLOSED APPLICATION PARTS (check all that apply)					
<input type="checkbox"/> Specification Number of Pages		<input style="width: 60px;" type="text"/>		<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Drawing(s) Number of Sheets		<input style="width: 60px;" type="text"/>		<input type="checkbox"/> Other (specify) <input style="width: 150px;" type="text"/>	
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT (check one)					
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees				FILING FEE AMOUNT (\$)	
<input type="checkbox"/> The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number: <input style="width: 150px;" type="text"/>				<input style="width: 80px; height: 40px;" type="text"/>	
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.					
<input type="checkbox"/> No.					
<input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are: _____					

Respectfully submitted,

SIGNATURE _____

Date

/ /

TYPED or PRINTED NAME _____

REGISTRATION NO.

(if appropriate)

Docket Number:

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USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

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: Box Provisional Application, Assistant Commissioner for Patents, Washington, DC 20231.

