

NATIONAL INSTITUTES OF HEALTH (NIH) APPLICATION FOR LICENSE FOR BIOLOGICAL MATERIALS (INTERNAL USE OR COMMERCIAL)

Thank you for your interest in technology transfer activities at the NIH. A completed application is required before any action can be taken towards negotiating a license. Your answers to the following questions will provide the sole foundation for licensing decisions, so provide complete and thorough responses. Failure to complete all sections of the license application in a satisfactory manner may result in delays in processing your application or the refusal of your application as being incomplete.

If you have questions about the completion of the application, contact the appropriate Technology Transfer Manager.

To apply for a license, please email a signed PDF of the completed license application to the appropriate Technology Transfer Manager whose name and email address can be found toward the bottom of the technology “Abstract.”

I. IDENTIFICATION OF INVENTIONS(S) FOR WHICH LICENSE IS SOUGHT (Complete all relevant sections)

- A. NIH Reference Numbers (E# for a new license, or L#, if amending a license):
- B. Biological Material(s) Requested (**PLEASE BE SPECIFIC IN NAME AND QUANTITY**):
- C. Inventor(s):
- D. Source from which you learned of availability of a license to the present invention(s):

II. BASIC INFORMATION ABOUT APPLICANT

- A. Name & Address of Applicant (Must be the organization with Signatory Authority for any Agreement resulting from this application):
- B. Name, title, address, phone, fax and email, of Applicant's licensing representative:
- C. Name, title, address, phone, fax and email for Applicant's representative who should receive official notices for any agreement (only one contact is permitted; copies cannot be provided):
- D. Name, title, address, phone, fax and email for Applicant's representative who should receive invoices for any agreement (only one contact is permitted; copies cannot be provided):
- E. Name, title, address, phone, fax and email for Applicant's representative who should receive any materials (only one contact is permitted):
- F. Preferred shipping carrier and account number :
- G. Is Applicant a U.S. Corporation? _____ Yes _____ No
 - 1) State of incorporation:
 - 2) If non-US, state country of origin:

- H. Is Applicant a Small Business Firm? Yes No
- I. Is Applicant a Start-up Company? Yes No
- J. Will applicant accept PDF execution copy of the agreement? Yes No
- K. Will applicant accept a Digital Signature in the execution copy of the agreement?
 Yes No
- L. Does applicant have an SBIR/STTR grant? Yes No
- M. Applicant Tax ID # _____ (must provide before license is executed)

L. Description of the Applicant (a few sentences). Please address the following questions:

- 1) How many individuals are employed by Applicant?
- 2) What is the Applicant's overall company structure?
- 3) If Applicant is a large company with many subsidiaries, what arm and research facility of the company will be using the Biological Materials?

III. TYPE OF NON-EXCLUSIVE LICENSE SOUGHT

- Non-exclusive Biological Materials License for Commercial Use (for commercial manufacture and sale of materials and/or services)
- Non-exclusive Biological Materials License for Internal Use (for internal use; no right to sell or distribute materials or services)
- Non-exclusive Commercial Evaluation Biological Materials License (for internal use; no right to sell or distribute materials or services)
- Amendment to Non-exclusive Biological Materials License (Please Indicate L#: L-XXX-XXXX/X)

IV. PROPOSED FIELD(S) OF USE (please provide 1-3 sentences describing the desired Licensed Field of Use).

V. **Research Description.** Please provide a few sentences addressing the following questions:

For an Internal Use (Research Purposes only) or Commercial Evaluation Biological Materials License, please answer these questions.

- A. How will the Biological Materials be used?
- B. What is the desired duration of use of the Biological Materials (e.g., 3 years)?
- C. Is the Applicant working with a collaborator that will need the Biological Materials?
- D. Does the Applicant intend to share the Biological Materials with Affiliates? Will the Applicant use a CRO?

For a Commercial Use Biological Materials License, please answer these additional questions.

- A. Will the Applicant use the Biological Materials to provide a service?
- B. Will the Applicant sell the Biological Materials as-is?
- C. Will the Applicant modify the Biological Materials in some way before selling it?
- D. Will the company commercialize the Biological Materials through Affiliates, subsidiaries or distributors? If so, please provide details.

VI. OTHER LICENSES TO NIH/IC INVENTIONS

Identify any licenses previously granted to the Applicant under federally owned inventions:

I certify, to the best of my knowledge, that all the information provided on this application and on attachments to this application is true and accurate.

Signature of Applicant or Authorized Representative

Date

Print Name _____

Title _____

The commercial and financial responses in this application will be treated as privileged and confidential information as provided in [35 U.S.C. 209\(f\)](#); and, to the extent permitted by law, will not be accessible under the Freedom of Information Act.