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(select one) Registered Practitioner <input type="checkbox"/> Limited Recognition Practitioner <input type="checkbox"/> Pro Se Inventor <input type="checkbox"/>	Practitioner Registration Number or Limited Recognition Number: 	Practitioners ONLY Check box to indicate that additional customer numbers are listed on an attached sheet <input type="checkbox"/>			
Customer Numbers – Enter in Space(s) Provided Below A customer number is an application electronic tracking number assigned by the USPTO that associates your Patent Electronic System account with one or more patent applications. Please see the instructions if you don't already have a customer number.					
Customer Number	Customer Number	Customer Number	Customer Number	Customer Number	Customer Number
Block 2 - Requestor Information (All Information Required)					
First (Given) Name		Middle Name		Last (Family) Name	
Street Address (line 1)					
Street Address (line 2)					
City		State		Zip	
Telephone Number (select phone location)		<input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell		USPTO.gov Email Address	
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<input type="checkbox"/>	Request a new Patent Electronic System account				
<input type="checkbox"/>	Update Patent Electronic System account -- USPTO.gov email address has been changed Previous email address:				
<input type="checkbox"/>	This is a name change. For registered practitioners or practitioners granted limited recognition, the name provided must correspond to Office of Enrollment and Discipline records. Please enter the name under which the Patent Electronic System account was previously created below, and enter new name in space provided in Block 2: Previous Name:				
<input type="checkbox"/>	Associate current Patent Electronic System account with the customer numbers detailed in Block 1				
<input type="checkbox"/>	Revoke current Patent Electronic System account				
<input type="checkbox"/>	Other – Describe in Detail:				
Block 4 – Signature (Required)					
I have read and understand the Subscriber Agreement (as listed on www.uspto.gov/ebc) and my signature on this document, by hand, is my agreement to abide by the Agreement and the rules and policies of the USPTO regarding the Agreement.					
I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).					
Signature Required (Requestor from Block 2)					Date (mm/dd/yyyy)

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Block 5 – Identification (Required)		
SUBSCRIBED and SWORN to before me by _____ (requestor from Block 2) this _____ day of _____ (month), 20_ , in the county of _____ in the State of _____ . Notary Public _____ (signature) MY COMMISSION EXPIRES:		Notary Seal

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