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Certificate Action Form				Address to: Mail Stop EBC Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			USPTO Use Only		
Block 1 Requestor Status									
A customer number is an application ele				Practitioner Registration Number or Limited Recognition Number: stomer Numbers – Enter in space(s) proception tracking number assigned			Practitioners ONLY Check box to indicate that additional customer numbers are listed on an attached sheet Divided below by the USPTO that associates your certificate		
with one or more patent applications. Please see the instructions if you don't already have a customer number http://www.uspto.gov/ebc/digitalcert.htm.									
Customer Number	ner Number Customer Number		Cı	ıstomer Number	Customer Number		Customer Number	Customer Number	
Name as it should appear on your PKI Certificate or as it appears on previous certificates in cases of recovery.				Requestor Information (All Information Required) If this is a name change (for registered individuals or persons granted limited recognition, the name provided must correspond to Office of Enrollment and Discipline records), please enter the name under which the certificate was previously created below and enter new name in space provided: Previous Name					
First (Given) Name			l e	Middle Name			Last (Family) Name		
Street Address (line 1) Street Address (line 2)									
City	Sta				Zip	Zip Country			
Telephone Number (select phone location)		home work cell	Ork Address						
Block 3 - Type of Action Requested (you must select at least 1) Request a new PKI Certificate (I have never been issued a PKI Certificate by USPTO)									
Request a new PKI Certificate (i nave never been issued a PKI Certificate by USPTO) Recover previously issued PKI Certificate (select 1 reason) Forgotten or Lost Password Corrupted or Lost Profile Other reason (Please explain): Associate current PKI Certificate with the customer numbers detailed in Block 1 Revoke current PKI Certificate Name Change (see Block 2 above) 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) Block 5 – Identification (required)									
SUBSCRIBED and SWORN to before me by (requestor from Block 2) this								(Notarial Seal)	
day of in the State of in the county of in the State of									
Notary Public (signature) MY COMMISSION EXPIRES:									

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