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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="margin: 0;">Request for Customer Number Data Change</h2>	<p><b>Address to:</b></p> <p>Assistant Commissioner for Patents              Box CN              Washington, DC 20231</p>
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To the Commissioner of Patents and Trademarks:  
 Please record the following data changes to **Customer Number:**

**Type Customer Number here**  → Place Customer Number  
Bar Code Label here

Please change Correspondence Address to:

<b>Firm or Individual Name</b>					
<b>Address</b>					
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>ZIP</b>	
<b>Country</b>					
<b>Telephone</b>		<b>Fax</b>			

Please **delete** the following practitioner registration number (s) from the Customer Number indicated above:

<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>
<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>
<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>

Please **add** the following practitioner registration numbers to the Customer Number indicated above:

<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>
<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>

Additional practitioner registration numbers are listed on supplemental sheet(s) attached hereto

**Request Submitted by:**

Firm Name (if applicable)			
Name of Person submitting request			
Signature			
Telephone Number		Date	

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: Assistant Commissioner for Patents, Box CN, Washington, DC 20231.**

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<b>Request for Customer Number Data Change</b>	<b>Practitioner Registration Number Supplemental Sheet</b>
	Page                      of                      Pages

To the Commissioner of Patents and Trademarks:  
Please record the following data changes to **Customer Number**:

Please **delete** the following practitioner registration number from the Customer Number indicated above:


Please **add** the following practitioner registration numbers to the Customer Number indicated above:


Firm Name	
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Date		<input type="checkbox"/> Additional supplemental sheet(s) attached hereto
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