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To the Commissioner for Patents Please assign a Customer Number to the Address indicated below.				
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Please associate the following practitioner registration number(s) with the Customer Number assigned to the Address cited above.				
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<input type="checkbox"/> Additional practitioner registration numbers are listed on supplemental sheet(s) attached hereto.				
<b>Request Submitted by:</b>				
Firm Name (if applicable)				
Signature				
Name of person submitting request		Date		
Registration Number, if applicable		Telephone Number		

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop CN, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

*If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.*

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<h2 style="margin: 0;">Request for Customer Number</h2>	<h2 style="margin: 0;">Practitioner Registration Number Supplemental Sheet</h2>
	Page                      of                      Pages

Please associate the following practitioner registration number(s) with the Customer Number assigned to the Address cited on Request for Customer Number form attached.


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

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