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<b>Certificate Action Form</b>		<b>Address to:</b> Mail Stop EBC Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		<b>USPTO Use Only</b>	
<b>Block 1 Requestor Status</b>					
(select one) Registered Practitioner <input type="checkbox"/> Limited Recognition Practitioner <input type="checkbox"/> Pro Se Inventor <input checked="" 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"/>	
<b>Customer Numbers – Enter in space(s) provided below</b>					
A customer number is an application electronic tracking number assigned 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 <a href="http://www.uspto.gov/ebc/digitalcert.htm">http://www.uspto.gov/ebc/digitalcert.htm</a> .					
Customer Number	Customer Number	Customer Number	Customer Number	Customer Number	Customer Number
128708					
<b>Block 2 - Requestor Information (All Information Required)</b>					
Name as it should appear on your PKI Certificate or as it appears on previous certificates in cases of recovery.		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: <input type="text"/>			
First (Given) Name		Middle Name		Last (Family) Name	
Andrew				Sharp	
Street Address (line 1)		212 Thompson Square			
Street Address (line 2)					
City Mountain View		State CA		Zip 94043	
Country USA					
Telephone Number (select phone location)	650-906-9448	<input type="radio"/> home <input type="radio"/> work <input checked="" type="radio"/> cell	Email Address	andy@lopoco.com	
<b>Block 3 - Type of Action Requested (you must select at least 1)</b>					
<input checked="" type="checkbox"/>	Request a new PKI Certificate (I have never been issued a PKI Certificate by USPTO)				
<input type="checkbox"/>	Recover previously issued PKI Certificate (select 1 reason)				
	<input type="checkbox"/> -- Forgotten or Lost Password				
	<input type="checkbox"/> -- Corrupted or Lost Profile				
	<input type="checkbox"/> -- Other reason (Please explain):				
<input type="checkbox"/>	Associate current PKI Certificate with the customer numbers detailed in <b>Block 1</b>				
<input type="checkbox"/>	Revoke current PKI Certificate				
<input type="checkbox"/>	Name Change (see <b>Block 2</b> above)				
<input type="checkbox"/>	Other – Describe in Detail:				
<b>Block 4 – Signature (required)</b>					
I have read and understand the Subscriber Agreement (as listed on <a href="http://www.uspto.gov/ebc">www.uspto.gov/ebc</a> ) 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)	
<b>Block 5 – Identification (required)</b>					
SUBSCRIBED and SWORN to before me by _____ (requestor from Block 2) this ____ day of _____ (month), 20____, in the county of _____ in the State of _____.					(Notarial Seal)
Notary Public _____ (signature)					
MY COMMISSION EXPIRES: _____					

This collection of information is required under 35 U.S.C. § 2 and § 122. This information is provided by the public as part of the request for or revocation of a U.S. Patent and Trademark Office (USPTO) public key certificate or to request recovery of your private encryption key. The USPTO will use this information in the process of issuing or revoking a public key certificate or recovering an encryption key. The information on this form will be treated confidentially to the extent allowed under the Government Paperwork Elimination Act, Freedom of Information Act (FOIA), and the Privacy Act. In order to access information that is released through encrypted communication, you must supply the requested information in order for the USPTO to issue the necessary digital identity and encryption services.

This form is estimated to take 30 minutes to read the instructions, gather the necessary information, complete the form, read and sign the subscriber's agreement, and submit the form to the USPTO. 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 THE COMPLETED FORM TO THIS ADDRESS. SEND TO: Mail Stop EBC, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.