



# Lawrence Livermore National Laboratory

*Innovation & Partnerships Office*

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## LICENSEE INFORMATION

To be completed by companies interested in licensing LLNL technology  
Please submit with signed License Agreement

### LICENSEE INFORMATION:

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Company Name/Individual

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Mailing or Street Address

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City, State, Zip, Country

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Contact Name

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Telephone Number

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Fax Number

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Email Address

Please check all that apply:

- |                    |                          |                           |                          |
|--------------------|--------------------------|---------------------------|--------------------------|
| Foreign (non-U.S.) | <input type="checkbox"/> | State or Local Government | <input type="checkbox"/> |
| University         | <input type="checkbox"/> | Not-for-Profit Entity     | <input type="checkbox"/> |
| Small Business     | <input type="checkbox"/> | National Laboratory       | <input type="checkbox"/> |
| Minority Owned     | <input type="checkbox"/> | Individual                | <input type="checkbox"/> |
| Woman Owned        | <input type="checkbox"/> | Public Company            | <input type="checkbox"/> |
| Large Business     | <input type="checkbox"/> | Private Company           | <input type="checkbox"/> |