

**END USER SOURCE CODE LICENSE AGREEMENT**

**For**

**NEC VERSION 4.2**

**Between**

**LAWRENCE LIVERMORE NATIONAL SECURITY, LLC**

**and**

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(Company Name)

**LLNL Case No. TE0** \_\_\_\_\_  
[for LLNL use]

**Lawrence Livermore National Laboratory  
P.O. Box 808, L-779, Livermore, CA 94551  
Innovation & Partnerships Office**

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(Date)

**END USER SOURCE CODE LICENSE AGREEMENT**

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\_\_\_\_\_, a \_\_\_\_\_ corporation  
 (Company Name) (State of Incorporation)

\_\_\_\_\_  
 (Company Address)

\_\_\_\_\_  
 (Contact Name) (Phone) (E-Mail)

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U.S. Noncommercial	\$300
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U.S. Commercial	\$1,100
Non-U.S. Commercial	\$1,500

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LLNS and LICENSEE hereby execute this Agreement, in duplicate originals, by their respective duly authorized officers.

\_\_\_\_\_  
(Company Name)

**LAWRENCE LIVERMORE  
NATIONAL SECURITY, LLC  
LAWRENCE LIVERMORE NATIONAL  
LABORATORY**

By: \_\_\_\_\_  
(Signature)

By: \_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_  
(Print Name)

Name: Nina Potter

Title: \_\_\_\_\_

Title: Manager, IP & Agreements Management

Date signed: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Licensee Information Form**

To be completed by End User

**LICENSEE INFORMATION:**

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Legal Name of Organization/Individual

---

Type of legal entity and jurisdiction if other than individual (e.g., Delaware corporation)

---

Physical Address(es) where Software will be installed and used

---

Mailing/Street Address for Notifications

---

Contact Name

---

Telephone Number

---

Email Address

---

Country of Citizenship (for individual license requests only, for compliance with export control regulations)

*Note: if dual citizenship, list all countries*

Foreign organizations must also complete the online [Customer Screening Form](#) and return it with this form.

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"/> | Individual                | <input type="checkbox"/> |
| Minority Owned     | <input type="checkbox"/> | Publicly Traded Company   | <input type="checkbox"/> |
| Woman Owned        | <input type="checkbox"/> | Privately Held Company    | <input type="checkbox"/> |
| Large Business     | <input type="checkbox"/> |                           |                          |

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Yes: No: