

PROVISIONAL PATENT APPLICATION
Chancellor Consulting Firm, LLC - CCF
P.O. Box 589
Duluth, Georgia 30096-0011
470.705.0399 ext. 101 cdp@chancellorconfirm.com

INVENTOR(S)		
Given Name (first and middle [if any])	Family Name or Surname	Residence (City and either State or Foreign Country)
Additional inventors are being named on the _____ separately numbered sheets attached hereto.		
TITLE OF THE INVENTION (500 characters max):		
Direct all correspondence to: CORRESPONDENCE ADDRESS		
The address corresponding to Customer Number:		
<input type="checkbox"/>		
OR		
Firm or <input type="checkbox"/> Individual Name		
Address		
City	State	Zip
Country	Telephone	Email
ENCLOSED APPLICATION PARTS (check all that apply)		
Application Data Sheet. . .		CD(s), Number of CDs _____
Drawing(s) <i>Number of Sheets</i> _____		Other (specify) _____
Specification (e.g., description of the invention) <i>Number of Pages</i> _____		
Fees Due: Filing Fee of (\$510 for large entity) (\$380 for small entity) (\$315 for micro entity). If the specification and drawings exceed 100 sheets of paper, an application size fee is also due, which is (\$400 for large entity) (\$200 for small entity) (\$100 for micro entity) for each additional 50 sheets or fraction thereof.		
\$ Total Amount		

Credit card information	Name on card:	
Credit card number:	Expiration Date:	CVV Code:
Billing address:		

The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.

No.

Yes, the invention was made by an agency of the U.S. Government. The U.S. Government agency name is: _____

Yes, the invention was made under a contract with an agency of the U.S. Government. The name of the U.S. Government agency and Government contract number are: _____

SIGNATURE _____ DATE _____

TYPED OR PRINTED NAME _____ REGISTRATION NO. _____
(if appropriate)

TELEPHONE _____ DOCKET NUMBER _____
(if appropriate)