



**OFFICE OF NAVAL RESEARCH
NAVY TRADEMARK AND LICENSING PROGRAM OFFICE**



Crafter Licensee Application
(Please Print or Type)

Please provide all information requested. Attach additional sheets if necessary. Once completed, please submit together with a sample of the proposed product to Navy Trademark Licensing Office, 875 North Randolph Street, Suite W515, Arlington, VA 22203. **You can check on the status of your application by emailing us at onr_tmlicense@navy.mil or by calling (703) 696-4002.** Please provide photographs and/or a sample of the product(s) in respect of which you seek a license

Crafter's Name: _____

Business Name: _____

Physical Address: (street) _____

City State Zip / Postal Code Country

Telephone: _____ Alternate phone: _____

Website: _____

Mailing Address: (street) _____

City State Zip / Postal Code Country

Primary Contact: _____ Telephone: _____

Cel: _____ E-mail: _____

Description of product: _____

Where do you plan to sell the product? (craft shows, person-to-person, craft marketplace) _____

Do you have or intend to create an internet site from which you intend to sell the licensed products? If so, please provide details (including the website address if applicable): _____

Will the product be produced at home? Yes No.

If No, please state where the product will be made and by whom (NO COMMERCIAL MANUFACTURER IS AUTHORIZED) _____

What is the approximate cost of production? _____

Where are you obtaining your raw materials from? _____

Where are you purchasing your blanks from) _____

What is the intended retail price? _____

How many items do you expect to sell in one year? _____

Please feel free to provide any other information that you think is relevant to your license application. _____

PROSPECTIVE CRAFTER STATEMENT:

The undersigned hereby affirms that answers to the above questions are true and complete, except where such questions call for estimates or projections, and that all questions have been answered in good faith and to the best of the applicant's knowledge.

Name & Title of individual supplying information:

Signature: _____ Date: _____

SEND THE COMPLETED APPLICATION TO:

Office of Naval Research
Trademark and Licensing Program
875 N. Randolph Street. Room 515A
Arlington, VA 22203-1995
(703) 696-6676