

Detailed Description, continued.

List the Unique Attributes: What are the unique aspects of your invention, which make it special?

Other Possible Uses and Variations: Are there other possible uses for your invention? Or, are there other possible ways to make it?

Result of Search for other inventions related or close to your idea:

Additional information:

When did you conceive this invention? Date _____

Have you made a working prototype? Yes No Date _____

Have you tested it in-house? Yes No Date _____

Have you tested it with a customer? Yes No Date _____

Has the invention been shown to anyone or been offered for sale?
Yes No Date _____

Has there been any publication of your invention?
Yes No Date _____

Have you shown it publicly to anyone? Yes No Date _____

INVENTOR'S DECLARATION

I (we) believe the previously described invention to be my (our) own, original idea.

Signature _____ Date _____

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Area Code _____ Phone _____

Signature _____ Date _____

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Area Code _____ Phone _____

Witnesses:

Signature _____ Date _____

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Area Code _____ Phone _____

Signature _____ Date _____

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Area Code _____ Phone _____