

# Technology Request Questionnaire



This questionnaire is designed to gather the initial information Fermi National Accelerator Laboratory (Fermilab) requires to consider you or your organization for a license to any Fermilab technology. Additional information may be requested based on the type of license you or your organization requires.

## Instructions:

1. Fill out all sections in Parts A and B
  - a. All fields are required. If a field is not applicable put "N/A"
2. Send a copy of the questionnaire to the Fermilab Office of Partnerships & Technology Transfer via:
  - a. Email scanned copy to "[OPTT@fnal.gov](mailto:OPTT@fnal.gov)"; and "[asauers@fnal.gov](mailto:asauers@fnal.gov)"

## Part A – Software Requested and Proposed Use

1) What is the name(s) of the technology you are requesting from Fermilab?

2) How did you learn about this technology? *(If applicable, include Fermilab points of contact)*

3) What is your intended use for the technology requested? *(Check all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Commercial use                    | <input type="checkbox"/> Testing and evaluation of the technology |
| <input type="checkbox"/> Further developing the technology | <input type="checkbox"/> U.S. Federal Government use              |
| <input type="checkbox"/> Research                          | <input type="checkbox"/> Other                                    |

4) Will you be using this technology for any military applications?     Yes     No

5) Give a brief description of the applications/activities for which you intend to use the technology requested:

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## Part B – Licensee Information

### 1) Individual's contact information

Name:	
Citizenship*:	
*If non-US-citizen, are you a permanent resident of the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing address:	
City:	
State/province:	
Zip:	
Country:	
Telephone:	
Facsimile:	
Email:	

### 2) Company/academic institution/agency's contact information

Official name:	
Division/group:	
Mailing address: <i>(If different from above)</i>	
City:	
State/province:	
Zip:	
Country:	
Telephone:	
Facsimile:	
Company website:	
Number of employees:	

**3) For U.S. Federal Government employees or contractors using the technology for U.S. Government purposes:**

U.S. Government agency your contract is with:	
Contract/RFP/BAA number:	
Contractor name as it appears on your contract:	

**4) If the company you work for is a non-U.S.-owned company, please specify the country(ies) of ownership:**

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