

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## Request for Customer Number Data Change

**Address to:**  
Mail Stop EBC  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

To the Commissioner for Patents:

Please record the following data changes to **Customer Number**:

--

 Please change Address to:

<b>Firm or Individual Name</b>				
<b>Address</b>				
<b>City</b>		<b>State</b>		<b>Zip</b>
<b>Country</b>				
<b>Telephone</b>		<b>Email</b>		

 Please **delete** the following practitioner registration number(s) from the Customer Number indicated above:


 Please **add** the following practitioner registration number(s) to the Customer Number above:


 Additional practitioner registration numbers are listed on supplemental sheet(s) attached hereto (PTO/SB/124B or equivalent)
**Request Submitted by:** (must be a person, e.g. registered practitioner, associated with the customer number shown above)

<b>Firm Name (if applicable)</b>			
<b>Signature</b>			
<b>Name of Person Submitting request</b>		<b>Registration No.</b>	
<b>Telephone Number</b>		<b>Date</b>	

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995, unless the information collection has a currently valid OMB Control Number. The OMB Control Number for this information collection is 0651-0035. Public burden for this form is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the Chief Administrative Officer, United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 or email InformationCollection@uspto.gov. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.** If filing this completed form by mail, send to:

**Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

*If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option.*

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<b>Request for Customer Number Data Change</b>	<b>Practitioner Registration Number Supplemental Sheet</b>
	Page _____ of _____ Pages

To the Commissioner for Patents:

Please record the following data

Changes to **Customer Number**:

Please **delete** the following practitioner registration number(s) from the Customer Number indicated above:


Please **add** the following practitioner registration number(s) to the Customer Number indicated above:


<b>Firm Name</b>	
<b>Date</b>	
	<input type="checkbox"/> Additional supplemental sheet(s) attached hereto

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If you do not furnish the information requested on this form, the USPTO may not be able to process and/or examine your submission, which may result in termination of proceedings, abandonment of the application, and/or expiration of the patent.

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