

**DISCLOSURE AND RECORD OF INVENTION**  
(This form is subject to the Privacy Act of 1974)

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**PRIVACY ACT STATEMENT**

*AUTHORITY: 5 USC Chapters 45 and 54, 10 USC 1124; and EO 9397.*  
*PURPOSE: To document inventions for consideration of patenting by the Air Force.*  
*ROUTINE USES: In the event the invention is selected for further processing toward patenting the personal information provided by the inventor is used to process a cash award. SSN is used for positive identification.*  
*DISCLOSURE IS VOLUNTARY: Failure to provide the requested information may delay patenting or prevent granting of a cash award.*

**INSTRUCTIONS**

Fill in each blank with the requested information or enter "NONE" as appropriate. If additional space is needed for any items, continue on blank sheets, identify the item, and attach. This form must be signed and witnessed in the spaces provided on page 3. **SUBMIT ONE ORIGINAL AND TWO COPIES OF THIS FORM.**

1. DESCRIPTIVE TITLE OF THE INVENTION

2. **IDENTIFICATION OF INVENTOR(S)**

NAME		ADDRESS (Street, City, State and Zip Code)	CITIZENSHIP
AFSC OR OCCUPATIONAL SERIES			SSN
GRADE	DUTY SYMBOL	DUTY ADDRESS	DUTY PHONE/FAX NO. (DSN)
NAME		ADDRESS (Street, City, State and Zip Code)	CITIZENSHIP
AFSC OR OCCUPATIONAL SERIES			SSN
GRADE	DUTY SYMBOL	DUTY ADDRESS	DUTY PHONE/FAX NO. (DSN)
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AFSC OR OCCUPATIONAL SERIES			SSN
GRADE	DUTY SYMBOL	DUTY ADDRESS	DUTY PHONE/FAX NO. (DSN)

3. SUMMARY OF THE INVENTION

4. **USE(S) OF INVENTION**

A. BY THE GOVERNMENT

B. COMMERCIAL APPLICATION(S)

5A. DATE INVENTION WAS CONCEIVED

5B. DATE INVENTION WAS FIRST DISCLOSED TO OTHERS

5C. TO WHOM WAS INVENTION DISCLOSED?

6A. DATE OF FIRST DRAWING OR SKETCH

6B. DATE OF THE FIRST WRITTEN DESCRIPTION

6C. DATE OF FIRST MODEL, PROTOTYPE, SIMULATION, PRELIMINARY SYNTHESIS, OR FORMULATION

7. HAS THE INVENTION BEEN TESTED? (If "YES", state date of first test and describe the results.)

YES  NO

8. HAS THE INVENTION BEEN USED? (If "YES", state date and details of its use.)

YES, EXPERIMENTALLY  YES, ROUTINELY  NO

9. NAMES AND ADDRESSES OF PERSONS HAVING PERSONAL KNOWLEDGE OF ANY OF THE FACTS IN ITEMS 5 THROUGH 8

10. HAS THE INVENTION BEEN OR WILL IT BE DISCLOSED IN ANY PRINTED PUBLICATION? (If "YES", enter the publication title, date, and attach a copy.)

YES  NO

11. LIST ANY PRIOR PUBLICATIONS, PATENTS, PATENT APPLICATIONS, PRODUCTS OR USES WHICH ARE CLOSELY RELATED TO THE INVENTION

12. **DESCRIPTION AND OPERATION**

Submit a structural and functional description of the invention on separate sheets using the outline below.

- a. **PURPOSE.** State the purpose of the invention.
- b. **BACKGROUND.** Describe the old methods, materials, or apparatus used to perform the purpose of the invention and give their limitations and disadvantages.
- c. **DESCRIPTION, MANNER AND PROCESS OF MAKING AND USING INVENTION.** Describe clearly and completely the best mode of the invention. Where possible, include sketches, drawing, circuit diagrams, photographs, chemical formulas, etc. Identify the different parts by numerals. Give a detailed written description of the operation and use of the invention referring to the parts by the numerals.
- d. **ADVANTAGES AND NEW FEATURES.** State the advantages of the invention over the old methods, materials, or apparatus and the features believed to be new.
- e. **ALTERNATIVES.** Describe any alternative modes of the invention.

13. IF THIS IS A JOINT INVENTION DESCRIBE THE CONTRIBUTION MADE BY EACH OF THE JOINT INVENTORS

14. **CERTIFICATION OF INVENTOR(S)**

I certify that the invention disclosed herein is the  sole  joint invention of the undersigned and that statements and answers are true to the best knowledge and belief of the undersigned.

I agree to grant voluntarily to the Government the entire title to the invention

TYPED NAME AND SIGNATURE	DATE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
TYPED NAME AND SIGNATURE	DATE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
TYPED NAME AND SIGNATURE	DATE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
TYPED NAME AND SIGNATURE	DATE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

15. **CERTIFICATION OF WITNESS(ES)**

I certify that the invention described herein has been read and is understood by me.

TYPED NAME AND SIGNATURE	DATE	POST OFFICE ADDRESS
TYPED NAME AND SIGNATURE	DATE	POST OFFICE ADDRESS

