INSTRUCTIONS FOR COMPLETING THE USPTO CERTIFICATE ACTION FORM

The completed form should be sent back in the attached envelope or to:

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

Block 1 -Requestor Status

Independent Inventors should enter a check mark or an “X” in the “Pro Se Inventor” box and enter a USPTO generated customer number** in the customer number section.

Limited Recognition Practitioners should enter a check mark or an “X” in the “Limited Recognition Practitioner” box and enter their registration number in the box provided.

Registered Patent Attorneys and Patent Agents should enter a check mark or an “X” in the “Registered Attorney” box and enter their registration number in the box provided.

Enter additional customer numbers on a separate sheet of paper.

**To obtain a USPTO generated customer number, please fill out the Customer Number form found at http://www.uspto.gov/web/forms/sb0125.pdf.

Block 2 -Name and Address

Given Name - The first/given name of an individual. (suggested 50 characters maximum)

Middle Name – The middle name or initial of an individual as understood in the United States. (suggested 50 characters maximum)

Family Name – The last/family name of an individual. (suggested 50 characters maximum)

Street Address – The street name, number, and any additional components (directional symbols, etc.) necessary to identify a specific address. (suggested 100 characters maximum)

City – The name of a city associated with the address. (suggested 40 characters maximum)

State Code – The abbreviation for each state of the United States.

Postal Code – In the United States this equates to zip code. (suggested 20 characters maximum).

Country Name – The complete English language name of a nation.
**Telephone Number** – Please include the country code if outside the United States and area code for domestic US and Canada. (suggested 40 characters maximum)

**Email Address** – An individual’s address for electronic communications (e.g., your Internet address). (maximum 129 characters)

**Block 3 – Action**

The requester should select a type of request (certificate application, certificate recovery, certificate association, certificate revocation or name change) by checking the appropriate box.

**Certificate Application** - In checking this box you are requesting a digital certificate be issued for your use in doing business with the United States Patent and Trademark Office (USPTO). The certificate enables the USPTO to identify your electronic communications and to provide encrypted communication. This selection is appropriate if you have never held a USPTO issued digital certificate.

**Key Recovery** - In checking this box you are requesting that the USPTO (1) revoke your current certificate and (2) issue you a new certificate with new signature and encryption keys. The process will provide access to any materials encrypted with the encryption key of the revoked certificate.

Typically, key recovery is requested due to forgetting the local password that controls the use of your digital certificate. This local password is chosen by you as part of the enrollment process and never leaves your computer, so the USPTO has no record of it. Key recovery may also be needed if through some computer malfunction your software no longer functions. This may be due to the corruption of the encrypted keys and certificates stored on your computer. If key recovery is being requested for some other reason, please indicate what happened for example “suspected key compromise, software inoperable, loss of computer, etc.”

**Certificate Association** – Associate the current PKI certificate with the customer numbers detailed in Block 1.

**Certificate Revocation** - In checking this box you are requesting that the USPTO revoke your digital certificate. This will make it unusable for new communication with the USPTO.

Typical reasons for requesting revocation are:

1. A new certificate has been issued to you
2. You no longer wish to have a certificate
3. You have changed your legal name
4. You have lost control of your certificate such that someone else may use it. This is called key compromise and we request the last date on which you alone controlled the use of the certificate. If you desire a replacement certificate please complete the Key Recovery request section.
Block 4 - Requester signature and date.

Block 5 – Identification of Digital Certificate Requestor

All requestors must have their signature notarized by a valid (non-expired) notary. You need to present to the notary two forms of acceptable identification and have your signature notarized.

IDENTITY PROOFS:
To be sure of the identity of the person requesting the USPTO Certificate the Notary or USPTO Official completing the USPTO Certificate Action Form must see two (2) forms of identification at least one of which is a picture ID. Acceptable forms of ID are:

- U.S. Passport
- Naturalization Certificate
- Certificate of Citizenship
- Current, valid driver's license or state identification issued in lieu of a driver’s license
- Government ID: city, state or federal
- Military Id: military and dependents
- Work ID: must be currently employed by the company
- Health Insurance card
- Marriage or divorce record
- Military record
- Student ID: must be currently enrolled
- Credit Card or Bank Card
- Merchant Marines card: also known as a "Seamen's" or "Z" card

SOCIAL SECURITY CARDS ARE NOT ACCEPTABLE AS IDENTIFICATION.

If none of these are available or no acceptable picture ID is available, you will need:

A person who can vouch for the certificate applicant. This person must have known the applicant for at least 2 years, and have valid proofs of identity as listed above.

AND

The certificate applicant must have two forms of signature ID from the list above. A current document that has enough information to identify you (e.g., signature, name, address, age, etc.) is generally acceptable. We cannot accept a birth certificate, Social Security Card or Card Stub.