

Office of Trademark Licensing
203 Holladay Hall
Campus Box 7228
Raleigh, NC 27695-7228
Phone: (919)515-2146
Fax: (919)515-1521

Date: _____

TRADEMARK USE REQUEST

ORGANIZATION INFORMATION:

Organization/Department: _____ Fax: _____

Contact Name: _____ E-mail: _____ Phone: _____

PRODUCT INFORMATION:

Product Description _____ Quantity _____

All names/Logos to Appear on Product: (Artwork must also be submitted with this form) _____

How will product be distributed (resale, members only, department only, etc.): _____

Purpose/Event: _____

MANUFACTURER:

Contact Person: _____ Phone: _____

Company Name: _____

Address: _____
Street State Zip

<p>APPROVED ___ DISAPPROVED ___</p> <p>ROYALTY PAYMENT REQUIRED FOR THIS JOB:</p> <p>YES ___ NO ___</p> <p><small>This area to be completed by Office of Trademark Licensing</small></p>

Signature of Trademark Licensing

Date

Note: Art approvals are limited to the job specified on this sheet. Re-orders require additional approval.