

Record of Invention

Please fill out the form and hit tab to go to next field. Please include your photos or drawings when you fax form.

Company name:

Address:

1. Names of inventors:
2. Title of invention:
3. Conception date:
4. Earliest disclosure and publication to others if any:
5. Date of earliest sketch or drawings:
6. Earliest date invention was operated or produced, when where, witnesses if any:
7. Commercial practice such as when production started or the first sale:
8. Development such as further research plans:
9. Circumstances leading to the idea of the invention:
10. Earlier embodiment of the invention if any:

11. Objects of the invention as in what does it do better or what is new:

12. Detailed description of the invention: (For machine, give structure, mode of operation and results. For product, give details of structure and use. For process, give steps, conditions, and results.)

13. For composition of matter, give component proportions and synthesis:

14. Embodiments: state preferred and alternates:

15. Evaluation: such as advantages and disadvantages of the invention:

Signature:

Name:

Date:

FRONT VIEW OF INVENTION

Signature:

Name:

Date:

TOP VIEW OF INVENTION

Signature:

Name:

Date:

SIDE VIEW OF INVENTION

Signature:

Name:

Date: