

**MAINE PATENT PROGRAM  
Request for Initial Trademark Counseling / New Client Record**

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Business organization:  Sole Proprietorship  S Corp  
 Partnership  LLC  
 Corporation  Undecided

State of incorporation: \_\_\_\_\_  
If individual, check here if you are a U.S. citizen:

Type or clearly print your trademark (words only, no design):

Attach a version of your trademark with design features (if any):

Describe the goods or service on which your trademark is (will be) used:

Are you currently using the trademark? Yes  No   
If yes, provide the date you first used your trademark in commerce: \_\_\_\_\_

**Please explain the specific assistance you would like to receive from our program (attach additional pages as required):**

**Agreement:**

I am requesting intellectual property counseling and information from the Maine Patent Program ("Program"). I understand that initial trademark screening and assistance preparing a basic trademark application may be provided by the Program, and that these services are at no cost to me. I understand that the screening search performed by the Program is an initial search only and does not guarantee availability of my trademark. I have been advised and am aware that a full search is recommended. I also understand that the Program may use the information provided in this form on a limited basis to notify me of workshops, seminars, and other matters that may be of interest to me. I further acknowledge and understand that persons employed by the Maine Patent Program and the Center for Law and Innovation are public employees, working for the State on behalf of the University of Maine System, and that they do not carry professional malpractice insurance.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Printed Name of Applicant

**RETURN TO:  
MAINE PATENT PROGRAM, 400 COMMERCIAL STREET, SUITE 405, PORTLAND, MAINE 04101.  
Email: patent@usm.maine.edu.**