

**REQUEST**

**for the entry in the Register of Authorized Patent Representatives – law firms**

1.	Name of the law firm	
2.	Personal identification number	
3.	Address of the law firm's principal place of business, telephone and fax number and email address	
4.	Name and surname and address of the attorney employed with the law firm under point 1 or cooperating with the law firm under point 1 pursuant to some other contractual relationship, and who has passed the professional examination for a patent representative	
5.	Class and file number and date of the patent representative certificate issued for the professional examination passed (for the attorney under point 4)	
6.	Enclosures to the request:	<input type="checkbox"/> Evidence of the attorney's under point 4 employment with the law firm under point 1 or the law firm's under point 1 cooperation with the attorney under point 4 pursuant to some other contractual relationship  <input type="checkbox"/> Evidence of administrative fee payment  <input type="checkbox"/> Evidence of procedural charges payment

In \_\_\_\_\_, on \_\_\_\_\_.

Applicant's signature

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