



Waiver Questionnaire - Technical Evaluation (Advance Waiver)

Title of Contract/Proposal _____

Contract/Proposal No. _____ Waiver No. W- _____

The _____ has petitioned NASA for waiver of patent rights to all inventions that may result from the performance of work under the above-identified contract. The information provided below will be helpful to the NASA Inventions and Contributions Board in making its recommendation to the Administrator as to whether the petition should be granted or denied.

Please complete Part I, below, and return this evaluation to the Patent Counsel/Advisor, Mail Code _____, not later than _____ (Date)

PART I

1. Briefly describe the work to be performed under the contract/RFP.

a. What is the period of performance of the contract/RFP?

b. Has the contract been executed?

(1) Yes (Enter date below) (2) No

2. To what specific program is the contract/RFP related? Discuss in terms of mission or objectives.

3. Is the contract/RFP related to a NASA Technology Utilization sponsored technology applications project?

a. Yes (Briefly explain below) b. No

4. If contract funds were provided by any Government agency(ies) other than NASA, identify the agency(ies) and the name (and telephone number) of a person from such agency(ies) who is familiar with the work of the contract.

5. Please comment to the best of your knowledge if the Petitioner is not located in the U.S., or does not have a place of business in the U.S., or is subject to the control of a foreign government.

6. Other comments.

Technical Evaluator/Title _____
(Please Print) (Date)

FTS Telephone No. _____

PART II (To be completed by Patent Counsel/Advisor)

1. Are you aware of any determination made by a Government authority such that restriction or elimination of rights in the petitioner is necessary to protect the security of the U.S.?

- a. Yes (*Explain below*) b. No

2. If contract funds from a Government agency(ies) other than NASA are to be provided (See Question 4, Part I) has such agency(ies) recommended or made justification for denial or waiver?

- a. Yes (*Explain and identify the name and telephone number of the person(s) contacted from such other agency(ies)*) b. No

3. The waiver should be:

- a. Granted b. Denied (*If denial is recommended, explain below*)

4. Other comments.

Patent Counsel/Advisor _____ (Please Print) _____ (Date)

NOTE.-Attach work statement of contract/RFP to this questionnaire and return to the ICB.