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| IEEE Assignment of OUI Request Form |
| **Part 1. Requestor's Information** |
| Requestor Name: |       |
| Job Title: |       |
| Organization Name: |       |
| Address Line 1: |       |
| Address Line 2: |       |
| Location: | City:       State/Province:       ZIP or postal code:       Country:       |
| Contact info: | Phone:       FAX:       E-mail:       |
| **Part 2. Administrator's Information** [ ] ***same as Requestor*** |
| Administrator Name: |       |
| Job Title: |       |
| Organization Name: |       |
| Address Line 1: |       |
| Address Line 2: |       |
| Location: | City:       State/Province:       ZIP or postal code:       Country:       |
| Contact info: | Phone:       FAX:       E-mail:       |
| **Part 3. Company Information** |
| Initial corporate assignment request? [ ]  Yes [ ]  No  |
| (If your answer above is No, under what company name have you requested an assignment?)      |
| If you are requesting an additional assignment, please provide reason: |       |
| Your company type: | [ ]  Parent [ ]  Subsidiary [ ]  Neither |
| ***If Parent or Subsidiary is checked, please complete Part 4.*** |
| **Part 4. Related Company Information** *(only required for Parent or Subsidiary company type)* |
| **Related Company 1:** |  |
| Contact's Name: |       |
| Contact's Title: |       |
| Organization Name: |       |
| Address Line 1: |       |
| Address Line 2: |       |
| Location: | City:       State/Province:       ZIP or postal code:       Country:       |
| Contact info: | Phone:       FAX:       E-mail:       |
| Company type: | [ ]  Parent [ ]  Subsidiary |
| **Related Company 2:** |  |
| Contact's Name: |       |
| Contact's Title: |       |
| Organization Name: |       |
| Address Line 1: |       |
| Address Line 2: |       |
| Location: | City:       State/Province:       ZIP or postal code:       Country:       |
| Contact info: | Phone:       FAX:       E-mail:       |
| Company type: | [ ]  Parent [ ]  Subsidiary |
| **Related Company 3:** |  |
| Contact's Name: |       |
| Contact's Title: |       |
| Organization Name: |       |
| Address Line 1: |       |
| Address Line 2: |       |
| Location: | City:       State/Province:       ZIP or postal code:       Country:       |
| Contact info: | Phone:       FAX:       E-mail:       |
| Company type: | [ ]  Parent [ ]  Subsidiary |
| **Part 5. Confidentiality Information** |
| Do you want the company name and address to remain confidential on the public listing?[ ]  Yes [ ]  No ***(If No is checked, skip Part 5)*** |
| *Should Requestor/Company avail itself of the option to keep its company and identifier confidential, the IEEE shall take all reasonable steps to maintain confidentiality. However, Requestor/Company hereby agrees that, should confidentiality be breached through no fault of the IEEE, the IEEE shall not be liable for consequential, exemplary, special, incidental, punitive, liquidated, direct or indirect damages or attorneys fees in connection with such breach. Furthermore, in no event may the IEEE be made to pay damages exceeding the total amount received by the IEEE from Requestor/Company, during the term in which any breach may occur.* |
| **Part 6. Payment Information** |
| [ ]  Please send a ProForma Invoice. |
| [ ]  | Company will send a check drawn on a US Bank for (US) $1,885.00.(if confidentiality selected in Part 5, please add (US) $2,260.00 for a total of (US) $4,145.00.) |
| [ ]  | Company will make a wire transfer.  |
| [ ]  | Company will send a purchase order.  |
| [ ]  | Company will pay now by credit card.  |
| **Customer Confirmation** |
| [ ] We confirmed all above information is correctPrint name:       Signature: Date:       |
| Remark:       |