**Request to License**

**University of California Patented Citrus Variety**

|  |  |
| --- | --- |
| Date: | Date |
| By: | Submitter Full Name |

|  |  |
| --- | --- |
| Company: | Company Name |
| Contact: | Company Contact Full Name |

|  |  |
| --- | --- |
| Address: | Address, City, State, Zip |
| Telephone: | Telephone Number |
| Email: | Email Address |
| Website: | Website Address (if available) |

|  |  |
| --- | --- |
| Person with signature authority: | Signatory Full Name |
| Title of signatory: | Title of Signatory |
| Principal place of business: | Address, City, State, Zip |

|  |  |
| --- | --- |
| Name of citrus variety you wish to license: | Citrus Variety |
| State you plan to commercialize the variety: | Commercialization State |

**CITRUS LICENSING CONTACT INFORMATION**

Office of Technology Commercialization

Research and Economic Development

University of California, Riverside

245 University Office Building

Riverside, CA 92521

Phone: 951-827-2524

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