

OGC Trademark Questionnaire
For HHS OPDIV AND STAFF DIV Clients

1. Is your Mark text only, graphics only, composite of text and graphics, or other?

- Text Graphics Composite Other (please specify)

2. If the Mark consists of or includes words, what is the exact spelling and punctuation?

3. *If an essential component of the Mark is visual -- e.g., stylized text, special coloring, or shaped text, or if the Mark consists of or includes a graphic, logo, or other pictorial design -- please attach a copy (preferably in .jpeg format), if available.*

4. Please indicate the precise name and address of the entity which uses or will use the Mark (the "applicant" -- generally, this is the Institute, Center, or Division of the agency):

5. Please indicate the full name (including degrees, honorifics, and suffixes) and title of the official who will execute the application on behalf of the applicant, with address and other contact information (absent a written delegation, this would be the **Director** of applicant):

6. What is the core product, service, or certification being offering to the public?

7. How long do you plan to use the Mark?

- 1-2 years
 3-5 years
 5-10 years

8. Do you have plans to expand use of the Mark to other goods or services -- even if not until several years from now?

- Yes
 No

9. Please list the types of goods or service you expect to use the mark on in the future.

10. Are there any slogans, phrases, graphics, *separate from the Mark itself* that you plan to have associated with your Mark?

- Yes**
- No**

If so, please describe in detail, and attach pictures or photocopies, if available.

11. Has the Mark already been used in connection with your product or service?

- Yes**
- No**

If yes, please provide the date of the first use:

12. Are you presently using any other, registered marks that are similar to the proposed Mark?

- Yes**
- No**

If yes, please specify these other marks, along with any identifying information (such as application or registration numbers), and attach samples if available:

13. Please indicate all means and manners in which the Mark is or will be used (either on the goods or in connection with the services, as applicable) in interstate commerce -- for example, on labels affixed to the goods, on packaging containing the goods, in media advertisements, in sales brochures, etc.:

14. Who do you anticipate will be the primary groups of people likely to see the mark in commerce, or who is the most likely type of person to seek the goods/services in question?

15. Is the application is to be based on a foreign registration?

- Yes
- No

16. Are you aware of anyone else who is presently using any marks, registered or not, that are similar to the proposed Mark?

- Yes
- No

17. If yes, please specify these other marks, along with any identifying information (such as application or registration numbers), and attach samples if available:

18. Before we can do any legal clearance searching or trademark document preparation for HHS OPDIV or STAFFDIV Clients we need to have an Interagency Agreement (IAA) in place. The IAA authorizes us to seek reimbursement for all administrative costs and any official U.S. Patent and Trademark Office (USPTO) fees as they are incurred. Once the IAA is in place we will seek reimbursement for the filing fees and any other fees related to the trademark registration process.

Please provide the name of your program or agency budget officer and the program point of contact that is authorized to sign an IAA on behalf of your program.
