We are pleased to consider your request to use the Cal Poly Name. Complete this form and return it to the Office of Trademark Licensing, Attn: Kim Shank by mail: One Grand Ave, Bldg 065, Rm. 101, fax: 805-756-5306, or email: kshank@calpoly.edu.

**We will respond to your request as soon as possible.**

<table>
<thead>
<tr>
<th>Product:</th>
<th>Quantity:</th>
</tr>
</thead>
</table>

Product will be: (check all that apply)

- Sold to general public
- Given to members only
- Sold to members only
  - Faculty & staff
  - Members of dept.
- Other: ___________________________
  ___________________________

Product will be used for: (check one)

- Educational programs
- Support of philanthropy
- Social events (description):
  ___________________________
  ___________________________
- Other: ___________________________
  ___________________________

If Special Event:

<table>
<thead>
<tr>
<th>Title of event</th>
<th>Date of event</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________________</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

Items needed by (please be reasonable):

Supply name of licensed company (see list on site):

http://www.afd.calpoly.edu/tm_licensing/vendors.asp

Contact:

- Design # ___________________________ (if provided)

Proposed design / graphic must be submitted with this form

<table>
<thead>
<tr>
<th>Cost to you per unit: $</th>
<th>Product will be sold for: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

Product color: ___________________________

Colors used on product: ___________________________

Name of Organization Making Request

Person making request

Address

Signature

City / State / Zip

Day time phone and email address

**Request process typically takes 3-5 business days. However, this time could be longer if more information is needed or design needs work.**

For Office Use Only:

- Approved
- Approved with changes:
- Denied for following reason (s):
  ___________________________
  ___________________________

Royalty:

- Due
- Exempt

Signature ___________________________ Date ___________________________