

**Complimentary Educational License Application
for use of ConsensusDocs**

To apply for a complimentary license to use ConsensusDocs in your educational program or publication, please complete this form and then mail, e-mail or fax it to the attention of Deputy Executive Director.

The mailing address is: **2300 Wilson Blvd., Suite 300, Arlington, VA 22201**

The fax number is **(703) 837-5406**.

The e-mail address is support@ConsensusDocs.org (or use the e-mail submit button above).

ConsensusDocs will require a copy of the material in which the documents are reproduced, as applicable.

Date:

Organization:

Contact Person:

Street Address:

City/State/Zip:

Phone:

Fax:

E-mail Address:

Website:

Are you or is your organization a member of an endorsing organization? Yes No

If yes, which organization?

What materials are you seeking permission to use? *[Please select one option.]*

Full series of documents delivered through online platform account.

of Accounts Requested:

Full series of documents in PDF format

Select documents in PDF format *[Please specify which documents below.]*

Document #(s) and Title(s):

How are you planning to use these materials? *[Please include your business or other purposes, your target audience and exactly what you propose to do with the copyrighted materials.]*

If you intend to produce new works that incorporate all or part of these materials, how many new works do you intend to make and how many times do you intend to reproduce each one? *[You must provide maximum numbers.]*

If you intend to reproduce part of all of these materials, what is the number of reproductions you intend to make? *[You must provide a maximum number.]*

If you intend to display these materials (for example during a seminar or workshop), how many times do you intend to display them? *[You must provide a maximum number.]*

Over what period of time do you intend to use these materials. *[If possible, please give precise dates on which you will begin and end your use.]*

If you intend to use a third-party publisher or production company, please provide the name of that company, the name of a contact person and his/her telephone number and e-mail address.

Do you, and/or anyone with whom you may have an agreement, intend to charge a fee for others to use or view any new works that you intend to produce and/or the originals or any reproductions of part of all of these materials?

Yes No

If yes, please explain *[Include fee amount]:*

Signature of Applicant: