

OPEN INTERCONNECT CONSORTIUM, INC.

Non-Member CTLA Application

To Become a Non-Member Licensee under the UPnP Certification Testing and Licensing Agreement (CTLA):

1. Complete this Application in full, sign the CTLA and Application and fax both to +1.503.644.6708 or email to admin@openinterconnect.org
2. You may also opt to mail the original application and CTLA to:
Open Interconnect Consortium, Inc.
3855 SW 153rd Drive
Beaverton, OR 97003
USA
3. Pay the annual licensing fee (US \$5,000). If paying by check, make check payable to and mailed to the address above. If paying by wire transfer, request bank details from OIC Administration by email to admin@openinterconnect.org.

For questions regarding payment or this application please contact us at:
Phone: +1.503.619.0673 | Email: admin@openinterconnect.org

Organization Information

Name of Organization: _____

Mailing Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Post Code: _____

Website Address: _____

Contact Information

Primary Contact: (Person who can handle correspondence on behalf of the organization)

First Name: _____ Last Name: _____

Title: _____ Email: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Post Code: _____

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Alternate Contact: (Person who can be contacted when the primary contact is unavailable)

First Name: _____ Last Name: _____
Title: _____ Email: _____
Phone: _____ Fax: _____
Address: _____
City: _____ State/Province: _____
Country: _____ Zip/Post Code: _____

Billing Contact: (Person in finance or accounting department who can be contacted regarding payment of renewal fees)

First Name: _____ Last Name: _____
Title: _____ Email: _____
Phone: _____ Fax: _____

Non-Member CTLA Application Fee: US \$5,000 annually

Payment Terms (please make checks payable to Open Interconnect Consortium, Inc.)

- I am attaching a check for US \$5,000.
- I am providing a Purchase Order Number: _____. Please invoice me.
- I intend to wire transfer the amount due, and understand I should add US \$20 to the amount due for this purpose.

Intent to Join as Non-Member CTLA Licensee

Subject to acceptance of this application, my organization agrees to pay Open Interconnect Consortium, Inc. the application fee stated above and to observe the terms and conditions of the UPnP® Certification Testing and Licensing Agreement. I understand that my organization will not be recognized as a Member of Open Interconnect Consortium pursuant to the CTLA and that my organization will not receive any membership rights therein.

Authorized Individual Name: _____ Title: _____
Signature: _____ Date: ____/____/____
(Month/day/year)