

# 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](mailto:admin@openinterconnect.org)
2. You may also opt to mail the original application and CTLA to:  
Open Interconnect Consortium, Inc.  
3855 SW 153<sup>rd</sup> Drive  
Beaverton, OR 97003  
USA
3. Pay the annual Non-Member CTLA Application 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](mailto:admin@openinterconnect.org).

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