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@openconnectivity.org

2. You may also opt to mail the original application and CTLA to:
   Open Connectivity Foundation, Inc.
   3855 SW 153rd 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 OCF Administration by email to admin@openconnectivity.org.

For questions regarding payment or this application please contact us at:
Phone: +1.503.619.0673 | Email: admin@openconnectivity.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 Connectivity Foundation, 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 cover the necessary fee for this transferring.

**Intent to Join as Non-Member CTLA Licensee**

Subject to acceptance of this application, my organization agrees to pay Open Connectivity Foundation, 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 Connectivity Foundation pursuant to the CTLA and that my organization will not receive any membership rights therein.

Authorized Individual Name: ___________________________  Title: ___________________________
Signature: ________________________________________  Date: __/__/__
(Month/day/year)