



**Deliver/mail this form to: InnovationAccess,
1850 Research Park Drive, Suite 100, Davis, CA 95618
Or Contact Us at (530) 754-8649**

Inventor / Author Statement Concerning Involvement in Licensing Decisions (Form TT-100)

This form is to be completed by University inventors/authors and submitted to the University Authorized Licensing Office in accordance with TTS Operating Guidance Memo No. 01-02 located at <http://patron.ucop.edu/ottmemos/docs/ott01-02.html>.

It should be completed after discussions with the Licensing Professional responsible for managing the invention or work of authorship (herein, "invention"). Generally it is submitted:

- upon selection by the Licensing Professional of candidate licensees, and
- upon any change in a disclosed financial interest of an inventor in a candidate licensee.

SECTION I.

Title of Invention: _____ UC Case # (if known) _____

Inventor/Author Name: _____

Department: _____ Campus/Lab: _____

Initial statement for this invention

Supplemental statement for this invention

SECTION II.

I understand the applicability of the California Political Reform Act to my involvement in University licensing decisions. Based on that understanding, I assert the following:

(CHECK ONE)

DISQUALIFICATION

I hereby disqualify myself. I have not and do not intend to participate in making, or attempting to influence a University licensing decision concerning the invention identified above, including the selection of a licensee(s), and other decisions made in the course of attempting to license this invention.

STOP HERE (No need to complete Section III below).

ELIGIBILITY TO PARTICIPATE

I do not disqualify myself. I have, or wish to remain eligible to participate in or influence a University licensing decision concerning the invention identified above, including the selection of a licensee(s), and other decisions made in the course of attempting to license this invention. I understand all such University decisions will be subject to an intervening Licensing Decision Review by a disinterested official or committee.

COMPLETE SECTION III BELOW.

Signature: _____ Date: _____

SECTION III.

(complete only if you have not disqualified yourself in II, above)

Inventor's/Author's Statement of Financial Interest in Candidate Licensee

Provide the following information about this candidate licensee:

Company Name (candidate licensee): _____

Company location: _____

- A. Are you or a member of your immediate family a director, officer, trustee, or employee of, or do you hold any position of management in the company identified above? ___No ___Yes

If yes, identify specific position(s):

_____.

Do you, or does a member of your immediate family, have:

1. An investment of \$2,000 or more in the company identified above? ___No ___Yes
If yes, \$_____ Value
2. Income (including any payment, such as salary or consulting fees, or any loan or any gift) of \$320 or more received from the company identified above within the last 12 months? (Do not include any salary paid by the University with funds provided by the company). ___No ___Yes
If yes, \$_____ Value

- C. Will there be a current or future impact on the personal finances of you or your immediate family as a result of the licensing decision(s)? ___No ___Yes
If yes, explain

_____.

I have used all reasonable diligence in preparing this Statement and to the best of my knowledge it is true and complete.

Signature: _____ Date: _____

This is a public document. All of the information on this form will be available to any member of the public upon request. This information is to be used to reveal to public scrutiny certain financial interests of public officials and employees in order to disclose potential conflicts of interest and to aid in the prevention of actual conflicts of interest.