

NATIONAL SYNCHROTRON LIGHT SOURCE

PROPRIETARY USAGE/NON-USAGE CERTIFICATION FORM

Proprietary Proposal #: _____

Proposal Spokesperson: _____

Company Name: _____

Reporting for the Period: _____

INSTRUCTIONS: THIS FORM MUST BE SIGNED AND RETURNED!!

Complete and sign Section A if Proprietary Research was done at the NSLS during this period. Otherwise, sign Section B.

SECTION A

The attached Cost Reimbursable Report Form(s) # _____, covers proprietary usage of the National Synchrotron Light Source during the above period. I certify that this is a complete and accurate account of the proprietary usage for the above-referenced proposal.

Signature: _____ Date: _____

SECTION B

I certify that no proprietary research was conducted during this period for the above-referenced proposal.

Signature: _____ Date: _____