

IrDA Certified Product Trademark Authorization Form

Product Authorization Type: IrReady IrSimple IrSimpleShot (IrSS)
Membership Status: IrDA Member Non-Member Interested in Joining

Company Name: _____

Division: _____

Authorized Contact Name and Title (Print): _____

Address: _____

Street	City	
State	Zip code	Country

Telephone Number: _____ Facsimile: _____

Email Address: _____

Description of Device (e.g. Manufacture, Model, Revision, Software Revision (Manufacturer, Title Version No))

Name of Authorized IrDA Test Lab: _____

Date Certified: _____ DUT# _____

Check Applicable Test Categories:

- IrSimpleShot (IrSS) primary or secondary (please circle)
- IrSimple
- IrReady

Please include a layout or other sample that clearly shows how the IrDA trademark will be used. Please indicate the media type, for example, packaging, manuals, or brochures

Date available to the Public: _____

As the duly authorized agent of the Company and properly authorized to execute this document on its behalf, I acknowledge that I have reviewed the IrDA Trademark and Brand Guidelines which is hereby incorporated by reference, and which I and my organization agree will exclusively govern any use of the IrDA trademarks. I certify the above product(s) are IrDA qualified. I understand that any misrepresentation of the facts or false statements will result in termination of the Authorization and withdrawal of permission to utilize the Trademarks.

Signature

Date

IrDA Confidential