Cycorp, Inc.

ResearchCyc License Application

Instructions: *Application must be filled out by an authorized representative from an academic or industry research lab. Completed application must be sent to license@cyc.com from a work email. A Cycorp representative will contact you to confirm receipt of your application and update you on your request for a ResearchCyc license.*

Today's Date:

Licensee (Name of Organization):

Point of Contact Information

Preferred name:

Title:

Department:

Reports To:

Phone:

Mobile:

Fax:

Email:

Website:

Licensee/Organization Information

Type (Mark at least one):

Analyst	Investor	Reseller
Competitor	Partner	Other:
Customer	Press	
Integrator	Prospect	

Industry:

Description:

Country:

Street:

City:

State/Province:

Zip/Postal Code:

Purpose of Retaining License

Will this be for commercial use?

Please provide a brief description (a paragraph or two) of the research you plan to do using Cyc.: