**Permission Request Form to Use Copyrighted Work or Other Intellectual Property**

Submit completed forms to [permission@cmmiinstitute.com](mailto:permission@cmmiinstitute.com).

|  |  |
| --- | --- |
| **I. CONTACT INFORMATION** | |
|  | *All fields are required unless otherwise indicated. Optional fields are marked with an asterisk (\*).* |
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| Last Name |  |
| Title |  |
| Organization |  |
| How would you categorize your organization? | |
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| Address Line 2 |  |
| Address Line 3 |  |
| City |  |
| State/Province |  |
| Postal/ZIP Code |  |
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|  | Both fields require a response.  Type of material |
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| **III. INTENDED USE** | |  |
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|  | commercial noncommercial U.S. government purpose |  |
| **I intend to distribute the material...** | |  |
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| **Additional Information** | |  |
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