**EMSA/OP/15/2016, “Development of New European Marine Casualty Information Platform (NEW EMCIP)”**

**IPR Identification Form**

**1. CONTRACT INFORMATION**

**Contract number:** ………………………………………………………………………………………..

**Contractor:** ……………………………………………………………………………………………………………….

**2. RESULTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do results incorporate**  **pre-existing rights?** | YES |  |  | NO |  |

*(If yes, please complete part 3)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do results/pre-existing rights incorporate trade secrets?** | YES |  |  | NO |  |

*(If yes, please complete part 4)*

**3. PRE-EXISTING RIGHTS (if applicable)**

Please indicate below separately the different pre-existing rights incorporated in the results.

*(In order to add another pre-existing IPR, please press the box “Add item”)*

|  |  |
| --- | --- |
| **Pre-existing IP**  (+short description) |  |
|  |  |
| **IPR applicable** | *(Please identify IPR: copyright and/or related rights; database right; patent, trademark; design; …)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Registered IPR?** | YES |  |  | NO |  |

*(If Yes, please provide proof of registration)*

|  |  |
| --- | --- |
| **IPR duration**  (according to national law) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **IP ownership** | CONTRACTOR |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | THIRD PARTY |  |  | PROPRIETARY license |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | OPEN SOURCE license |  |  |



**4. TRADE SECRETS (if applicable)**

Please indicate below separately the different trade secrets incorporated in the results/pre-existing rights.

*(In order to add another trade secret, please press the box “Add item”)*

|  |  |
| --- | --- |
| **Trade secret**  (+short description) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ownership** | CONTRACTOR |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | THIRD PARTY |  |  |  |



I, [*insert name of the authorised representative of the contractor*], declare that this statement is true and accurate.

Date, place and signature:

**This form should be provided to EMSA at the same time with the delivery of the results (and pre-existing rights), duly completed and signed by the authorised representative of the Contractor.**