



INVENTION RECORD

If you have not already made a formal record of your invention, please do so by using this form. We recommend that you:

- ✓ Save all original notes and sketches and make sure they are properly dated.
- ✓ Avoid developing an invention on an employer's time, premises, or with an employer's equipment/materials.
- ✓ Please send photocopies or photographs. Do not send original materials and/or artwork. You should keep all original materials in a safe place.

This *Invention Record* is designed to define and protect your invention. Please return the photocopy(s) in the envelope provided. If you need additional space, use plain paper and attach it to this form. Please call us if you have any questions.

Date the idea was conceived? _____ Do you have a prototype? _____

Was the idea disclosed to others? _____ To whom? _____

Is the idea a result of/or related to your employment? _____

If so, was it developed at your employer's facilities? _____

STATEMENT OF CONFIDENTIALITY AND NON-USE

The Franklin Forge, its employees and agents, hereby agree to respect the confidentiality of, and keep secret, all information submitted including inventions, ideas, and/or product concepts, as well as all personal information and further agrees not to disclose any information without your prior written permission.


For The Franklin Forge

Date Received

Please mail this completed form to: Franklin Forge, 151 S. Deerfield Rd,
P.O. Box 10, Conway, MA 01341
(800) 501-2252; Fax - (413) 369-0301

I, _____

_____ Address

_____ City/Town State Zip

_____ Telephone (____) Home# (____) Work

AND

I, _____ Co-Inventor's Name (if applicable)

_____ Address

_____ City/Town State Zip

_____ Telephone (____) Home# (____) Work

conceived the idea / invention illustrated and described within this *Invention Record* document, which is called,

_____ Name of Invention / Idea

on this _____ day of _____ 20_____

_____ Signed

_____ Co-Signed

_____ Notary or Witness

INVENTION SKETCH / DRAWING