



## APPLICATION FOR AUTHORIZATION TO USE THE APPLIED SCHOLASTICS TRADEMARKS

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All non-profit corporations, groups or individuals who wish to use the technology of L. Ron Hubbard in the field of education must *first* apply and become licensed by Applied Scholastics International to use the APPLIED SCHOLASTICS trademarks. The person who applies for this license will be fully responsible to Applied Scholastics International for standardly operating the school, center or activity.

Licensed Applied Scholastics schools, centers, groups and individuals are entrusted with ensuring that L. Ron Hubbard's education and study technology and programs are kept pure and made broadly available. As such, it is vital that these organizations are qualified licensees.

Applied Scholastics International is a non-profit corporation and has been granted tax exemption by the Internal Revenue Service under section 501 (c) (3) of the Internal Revenue Code. It has been licensed by Association for Better Living and Education International to sublicense charitable and educational groups. All licensees of Applied Scholastics International must operate in such a way as to benefit the broad public and not provide unreasonable benefits to any individual. The purpose of this Application Form is to determine that your activity fulfills this obligation and qualifies for a license with Applied Scholastics International.

Please print or type the requested data in the Applied Scholastics License Application Form attached to this issue. Answer as completely as possible with enough data to make the information available to Applied Scholastics International. If there is not enough space provided to answer fully, please use additional paper. We look forward to having you as a member of the group that is taking responsibility for the eradication of illiteracy in society.

**NOTE:**

Many of the questions are of a personal nature, but are included to help protect the Applied Scholastics trademarks and to ensure that the social betterment technology developed by L. Ron Hubbard is used correctly and remains in good hands. Applied Scholastics International, ABLE International, or Applied Scholastics and ABLE Cont/National Offices may not improperly discriminate against applicants on the basis of a person's race, color, national origin, ancestry, citizenship, religion, sex, age, disability (or any other classification that is protected by federal, state or local law).

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**PLEASE PRINT**

Date: \_\_\_\_\_

**NAME:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

*Other names that you are or have been known by, along with the time period used (including maiden name, if applicable):*

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Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Social Security Number/Personal Identity Number: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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ATTACH A PHOTOGRAPH OF YOURSELF BELOW:

3. Present Occupation: \_\_\_\_\_

4. History of work experience: (use additional paper if necessary):

Employer	Type of Work	Date Started/ Ended	Reason Ended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Other organizations you have participated in or been a member of:

Name of Organization	Type of Activities
_____	_____
_____	_____
_____	_____
_____	_____

6. List the highest level course using the technology of L. Ron Hubbard that you have completed, as well as other courses pertinent to your delivery, the date and the organization you did the training at:

Name of Course/Training	Date Completed	Organization
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. List any other services you have received based on the technology of L. Ron Hubbard, the date and which organization(s) you received these at:

Name of Service	Date Completed	Organization
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Are you currently receiving services using the technology of L. Ron Hubbard?  Yes  No

If so please provide data on what the service is and from what organization you are receiving this service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Have you ever made claim against Applied Scholastics, Association for Better Living and Education, the successors of L. Ron Hubbard or any person associated with Applied Scholastics? If so, please give details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Do you have huge personal debts that cannot be adequately covered by probable organization compensation and any other income sources which would immediately pull you back out of the group/activity? If so, please give details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. *Would you be unreasonably distracted from carrying out the agreements per the license by personal circumstances, (e.g. having a relative or associate who is a strident antagonist of L. Ron Hubbard or his technology?)*

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12. a) *Have you been convicted at any time of a felony or misdemeanor?*     Yes    No

b) *Have you been charged or convicted at any time of child abuse, child neglect or assault (of adult or minor)?*

Yes    No

**If yes to either of the above, specify the crime(s), the date and location of the conviction and the current status of the case: (Please include any pending charges.)**

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13. *Attach a resume (curriculum vitae) of yourself.*

14. *Proposed name of the group/school (the name may only include the area of the immediate vicinity that the group will operate in, e.g. Hollywood, for a local group; Italy for the national headquarters.)*

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15. *Please fill out the following information as to the group/school's contact information and location:*

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

16. *Purpose of the group/school:*

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17. *Type of delivery:*  
\_\_\_\_\_  
\_\_\_\_\_

18. *Starting date of delivery:*  
\_\_\_\_\_

19. *How many teachers/tutors or other staff will be employed?* \_\_\_\_\_

20. *Please list the current executive & key staff in your group/activity, or those who are planning to start it, along with their jobs/functions:*

<b>Full Name</b>	<b>Job Title/Function</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

21. *Public to be promoted and delivered to:*  
\_\_\_\_\_

22. *How many students will be delivered to:* \_\_\_\_\_  
*Their age range?* \_\_\_\_\_

23. *Attach any promotional literature and copies of ads being used or planned to be used in newspapers, magazines, etc.*

Attached     Not Attached

24. *Is your group incorporated?*

Yes (go to question 25)     No (skip to question 28)

25. Date of incorporation: \_\_\_\_\_

*Attach Board of Directors' data. Include the full name (as well as any other names they have gone by), address, city, state, country, date of birth and place of birth of each member on the Board.*

*Attach Corporate Officers' data. Include the full name (as well as any other names they have gone by), address, city, state, country, date of birth and place of birth of each Corporate Officer.*

26. For each Director and Corporate Officer, attach a list of any training completed using the technology of L. Ron Hubbard, as well as a resumé.

27. Is your corporation non-profit?  Yes  No

(The Applied Scholastics educational services are to be used only for charitable and educational purposes in accordance with the tax exempt status granted to Applied Scholastics by the Internal Revenue Service.)

28. If not incorporated, do you intend to become incorporated in the future?  Yes  No

**Please give details concerning your intentions:**

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29. Any additional data you want to communicate?

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I attest that I have answered these questions truthfully and completely. I also understand that I will be signing a trademark license or membership agreement and I attest that I have fully read and understand the license agreement and I agree to abide by the terms of the agreement including the timely payment of the fees required per that agreement.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Signature

**Thank You!**