



APPLICATION FOR AUTHORIZATION TO USE THE NARCONON TRADEMARKS

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

Licensed Narconon centers, groups and individuals are entrusted with ensuring that L. Ron Hubbard's social betterment technology and programs are kept pure and made broadly available. As such, it is vital that these organizations have qualified licensees.

Narconon 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. Narconon International has been licensed by Association for Better Living and Education International (ABLE International) to sublicense charitable groups which operate in the field of drug rehabilitation and/or drug education. All licensees of Narconon International must operate in such a way as to benefit the broad public and not to provide unreasonable benefits to any individual. The purpose of this Application Form is to determine that your activity qualifies for a license under Narconon International.

Please print or type the requested data. Answer as completely as possible with enough data to make the information available to Narconon 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 drug abuse in society.

NOTE:

Many of the questions below are of a personal nature, but are included to help protect the Narconon trademarks and to ensure that the social betterment technology developed by L. Ron Hubbard is used correctly and remains in good hands. Narconon International, ABLE International, or Narconon 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).

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):

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: _____

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 Narconon, Association for Better Living and Education, the successors of L. Ron Hubbard or any person associated with Narconon? 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?)*

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 assault (of an 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.)

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

14. *Proposed name of the group/center (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.)*

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

Address: _____ City: _____

State/Province: _____ Country: _____

Zip/Postal Code: _____ Phone: _____

Fax: _____ E-mail: _____

16. *Purpose of the group/center:*

17. *Type of delivery:*

18. *Starting date of delivery:*

19. *How many 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:*

Full Name	Job Title/Function
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 Narconon drug rehabilitation and drug education services are to be used only for charitable and educational purposes in accordance with the tax exempt status granted to Narconon International 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:

29. Any additional data you want to communicate?

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!