

# ADDITIONAL TOOL INFORMATION

## Lisle Idea Disclosure Program

Tool Name or Description \_\_\_\_\_

Submitter's Name \_\_\_\_\_

Have You Made Samples of the Tool? Yes \_\_\_ | No \_\_\_ If Yes, When? \_\_\_\_\_

Have You Used the Tool for its Designed Purpose? Yes \_\_\_ | No \_\_\_ If Yes, When? \_\_\_\_\_

Have You Sold Any Such Tools? Yes \_\_\_ | No \_\_\_ If Yes, Please Give Date \_\_\_\_\_ and Details.

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Do You Have a Patent or Patent Pending? Yes \_\_\_ | No \_\_\_ Patent Number \_\_\_\_\_

Additional Information or Sketches (Optional) \_\_\_\_\_

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