



Clear Form

## APPLICATION FOR COPYRIGHT REGISTRATION

\* Designates Required Fields

### 1 WORK BEING REGISTERED

1a. \* Type of work being registered (Fill in one only)

- Literary work
- Performing arts work
- Visual arts work
- Motion picture/audiovisual work
- Sound recording
- Single serial issue

ApplicationForCopyrightRegistration

1b. \* Title of this work (one title per space)

Remove

WorkTitles

Click here to create space to add an additional title

1c. For a serial issue: Volume  Number  Issue  ISSN   
 Frequency of publication:   Other

1d. Previous or alternative title

1e. \* Year of completion

**Publication** (If this work has not been published, skip to section 2)

1f. Date of publication  (mm/dd/yyyy) 1g. ISBN

1h. Nation of publication  United States  Other  Other

1i. Published as a contribution in a larger work entitled

1j. If line 1i above names a serial issue Volume  Number  Issue   
On pages

1k. If work was preregistered Number PRE-

**Privacy Act Notice**

Sections 408-410 of title 17 of the United States Code authorize the Copyright Office to collect the personally identifying information requested on this form in order to process the application for copyright registration. By providing this information you are agreeing to routine uses of the information that include publication to give legal notice of your copyright claim as required by 17 U.S.C. § 705. It will appear in the Office's online catalog. If you do not provide the information requested, registration may be refused or delayed, and you may not be entitled to certain relief, remedies, and benefits under the copyright law.



**For Office Use Only**

WorkBeingRegistered

## 2 AUTHOR INFORMATION - Entry Number

[Remove Item](#)

2a. Personal name **\* complete either 2a or 2b**

First Name	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>

2b. Organization name

2c. Doing business as

2d. Year of birth  2e. Year of death

2f.* <input type="checkbox"/> Citizenship	<input type="radio"/> United States	<input type="radio"/> Other	Other <input type="text"/>	<input type="button" value="Clear"/>
<input type="checkbox"/> Domicile	<input type="radio"/> United States	<input type="radio"/> Other	Other <input type="text"/>	<input type="button" value="Clear"/>

2g. Author's contribution:  Made for hire  Anonymous  
 Pseudonymous (Pseudonym is: )

### Continuation of Author Information

2h.\* This author created (Fill in only the authorship that applies to this author)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Text/poetry      | <input type="checkbox"/> Compilation           | <input type="checkbox"/> Map/technical drawing  | <input type="checkbox"/> Music                       |
| <input type="checkbox"/> Editing          | <input type="checkbox"/> Sculpture             | <input type="checkbox"/> Architectural work     | <input type="checkbox"/> Lyrics                      |
| <input type="checkbox"/> Computer program | <input type="checkbox"/> Jewelry design        | <input type="checkbox"/> Photography            | <input type="checkbox"/> Motion picture/audiovisual  |
| <input type="checkbox"/> Collective work  | <input type="checkbox"/> 2-dimensional artwork | <input type="checkbox"/> Script/play/screenplay | <input type="checkbox"/> Sound recording/performance |

Other:

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AuthorInformation

[Click here to create space to add an additional author](#)

## 3 COPYRIGHT CLAIMANT INFORMATION - Entry Number

[Remove Item](#)[Clear Section](#)

### Claimant

**\* complete either 3a or 3b** - If you do not know the address for a claimant, enter "not known" in the Street address and City fields.

#### 3a. Personal name

First Name

Middle

Last

#### 3b. Organization name

#### 3c. Doing business as

#### 3d. Street address \*

Street address (line 2)

City \*

State

ZIP / Postal code

Country

Email

Phone number

*(Add "+" and country code for foreign numbers)*

3e. If claimant is **not** an author, copyright ownership acquired by:  Written agreement  Will or inheritance  Other [Clear](#)

Other

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CopyrightClaimantInformation

[Click here to create space to add an additional claimant](#)

## 4 LIMITATION OF COPYRIGHT CLAIM

**Skip section 4 if this work is all new.**

4a. Material excluded from this claim *(Material previously registered, previously published, or not owned by this claimant)*

Text  Artwork  Music  Sound recording/performance  Motion picture/audiovisual

Other:

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4b. Previous registration(s) Number  Year   
 Number  Year

4c. New material included in this claim (*This work contains new, additional, or revised material*)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Text             | <input type="checkbox"/> Compilation           | <input type="checkbox"/> Map/technical drawing  | <input type="checkbox"/> Music                       |
| <input type="checkbox"/> Poetry           | <input type="checkbox"/> Sculpture             | <input type="checkbox"/> Architectural work     | <input type="checkbox"/> Lyrics                      |
| <input type="checkbox"/> Computer program | <input type="checkbox"/> Jewelry design        | <input type="checkbox"/> Photography            | <input type="checkbox"/> Motion picture/audiovisual  |
| <input type="checkbox"/> Editing          | <input type="checkbox"/> 2-dimensional artwork | <input type="checkbox"/> Script/play/screenplay | <input type="checkbox"/> Sound recording/performance |

Other:

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LimitationOfCopyrightClaim

## 5 RIGHTS AND PERMISSIONS CONTACT

Clear Section

Check if information below should be copied from the **first** copyright claimant

First Name  Middle  Last

Name of organization

Street address

Street address (line 2)

City  State  ZIP / Postal code  Country

Email  Phone number  *(Add "+" and country code for foreign numbers)*

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RightsAndPermissionsContact

## 6 CORRESPONDENCE CONTACT

Copy from **first** copyright claimant  Copy from rights and permissions contact

First name \*  Middle  Last \*

Name of organization

Street address \*

Street address (line 2)

City \*  State  ZIP / Postal code  Country

Email \*  Daytime phone number  (Add "+" and country code for foreign numbers)

**For Office Use Only**

CorrespondenceContact

## 7 MAIL CERTIFICATE TO:

**\* Complete either 7a, 7b, or both**

Copy from **first** copyright claimant  Copy from rights and permissions contact  Copy from correspondence contact

7a. First Name  Middle  Last



7b. Name of organization

7c. Street address \*

Street address (line 2)

City \*

State

ZIP / Postal code

Country

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MailCertificateTo

## 8 CERTIFICATION

17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

I certify that I am the author, copyright claimant, or owner of exclusive rights, or the authorized agent of the author, copyright claimant, or owner of exclusive rights, of this work, and that the information given in this application is correct to the best of my knowledge.



8a. Handwritten signature

Today's date  Write date by hand

8b. Printed name

8c. Date signed

8d. Deposit account number      Account holder

8e. Applicant's internal tracking number (optional)



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Certification

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