



U.S. AIR FORCE

USAF Trademark Licensee Contacts

Company Name: _____ Date: _____

(Required) Company email address*: _____

***Do not enter an individual's email address on this sheet.**

Alternate company/department email address: _____

Primary contact(s): _____

Telephone: _____ Department Email: _____

Sales contact(s): _____

Telephone: _____ Department Email: _____

Marketing contact(s): _____

Telephone: _____ Department Email: _____

Artwork contact(s): _____

Telephone: _____ Department Email: _____

Accounts payable (financial) contact(s): _____

Telephone: _____ Department Email: _____

Licensing contact(s): _____

Telephone: _____ Department Email: _____

Legal contact(s): _____

Telephone: _____ Department Email: _____

List any additional POCs here, along with telephone number and department email address.

--