

AFFILIATED TEST BED
MEMORANDUM OF AGREEMENT

Template

Please provide all of the items directly in this form.

Return form by email to: walton.fehr@dot.gov

PARTIES: (a) FEDERAL AGENCY:

Research and Innovative Technology Administration
United States Department of Transportation.

(b) COLLABORATOR (provide legal name and address, used on Page 1 and elsewhere):

TBD Organization:

Street Address:

City, State, Country, Postal Code.

DURATION: Three (3) years.

TYPE OF ORGANIZATION (used on Page 2, select one):

1) for-profit, 2) not-for-profit, 3) governmental, or 4) academic

ORGANIZATION EXPERTISE (Used on Page 2, select all that apply, or add additional):

design, production and support of innovative solutions in the development, installation, and operation of infrastructure equipment using 5.9GHz DSRC and other V-I communications

LICENSE AND ROYALTIES (used on Page 12, provide the name and/or title of the person who may certify):

For the Collaborator:

USE OF NAME (used on Page 18, provide the name and/or title of the person who may grant such permission):

For the Collaborator:

INDIVIDUALS SIGNING:

FOR THE COLLABORATOR (used on Page 22, provide the name, title, and phone number):

NAME:

Title:

Phone Number:

MANAGERS FOR THIS AGREEMENT:

COLLABORATOR (used on Page 23, provide names and contact information):

Program Manager

Name:

Address:

Tel:

Fax:

Email:

MOA Manager

Name:

Address:

Tel:

Fax:

Email:

ITEMS TO BE CONSIDERED AS MODIFICATIONS: (Only specific language required by local statutes will be considered.):