

**Inventor's Disclosure of Financial Interests in Licensee and Request from Exemption  
from Disqualification**  
(September 8, 2025)

The California Political Reform Act includes several anti-conflict-of-interest requirements, one of which is that a public employee is disqualified from participating in or influencing business decisions of the University in which the employee has a financial interest in the decisions. Pursuant to [UC Research Policy Analysis & Coordination Guidance Memo 23-03](https://researchmemosapi.ucop.edu/index.php/site/document?memo=UIBBQy0yMy0wMw==&doc=3829), located at <https://researchmemosapi.ucop.edu/index.php/site/document?memo=UIBBQy0yMy0wMw==&doc=3829>, the Authorized Licensing Office (ALO) is responsible for making licensing decisions in the best interest of the University. The ALO has the sole discretion to decide whether to request or receive input from other University employees, including inventors, and experts to inform licensing decisions and the breadth and extent of the input.

**SECTION I.**

Inventor Name: \_\_\_\_\_

Department: \_\_\_\_\_ Campus/Lab: \_\_\_\_\_

Title of Invention: \_\_\_\_\_ UC Case # (if known) \_\_\_\_\_

Company Name: \_\_\_\_\_

In the past 12 months did or in the next 12 months will the company sponsor research at the campus for which you will serve as Principal Investigator? Yes \_\_\_ No \_\_\_

**SECTION III. Financial Interests**

A. Are you, your spouse or registered domestic partner or dependent children, a director, officer, consultant, trustee, or employee of, or do you hold any position of management in the company identified above (paid or unpaid)?

\_\_\_ Yes \_\_\_ No If yes, identify specific position (s): \_\_\_\_\_

If no, do you anticipate holding any positions or playing any role including acting as a consultant in the company in the next 12 months? \_\_\_ Yes \_\_\_ No

If yes, identify specific position (s) or responsibilities \_\_\_\_\_

B. Do you, your spouse or registered domestic partner or dependent children, have:

1. Equity worth \$2,000 or more in the company identified above?

\_\_\_ Yes \_\_\_ No If yes, \$ \_\_\_\_\_ value

2. Income (including any payment, such as salary or consulting fees or \$500 or more, or any loan with a balance of \$500 or more, or any gift of \$630 or more, received from the company identified above within the last 12 months? (Do **not** include any salary paid by the University with funds provided by the company). \_\_\_ Yes \_\_\_ No

If yes, \$ \_\_\_\_\_ value

C. Will there be a current or future impact on the personal finances of you or your immediate family as a result of the licensing decision(s)? (Do not include any salary paid by the University with funds provided by the company). \_\_\_ Yes \_\_\_ No If yes, explain

I have used all reasonable diligence in preparing this Statement and to the best of my knowledge is true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section IV. Request for Exemption (IF APPLICABLE)

I, \_\_\_\_\_ [name of inventor], request an exemption from the conflict of interest disqualification from campus licensing business decisions concerning the invention identified above, including the selection of a licensee(s), other decisions made in the course of attempting to license this invention or any changes to it after it was signed . I understand that whether to grant this exemption is within the discretion of the campus ALO. I agree to conform to the terms, conditions, and restrictions in the approval (if granted). All of my input will be subject to significant intervening substantive review (i.e., Licensing Decision Review). LDR may include review by a disinterested expert, official, or committee. Should an exemption be granted, I agree to inform the ALO of any later changes in the status of my financial interest in the sponsor.

Additional considerations or grounds for exemption. Please explain and cite any authority. (Attach additional sheets if necessary). (See [Title 2, Division 6, California Code of Regulations § 18704 \(d\)\(2\).](#))

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (Inventor Initials)

TO BE COMPLETED ONLY BY LICENSING OFFICE

Exemption Granted \_\_\_\_\_ Exemption Denied \_\_\_\_\_

Terms, Conditions, or Requirements of Exemption (Add additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of ALO Official: \_\_\_\_\_ Date: \_\_\_\_\_

***This is a public document.*** All information on this form will be available to any member of the public upon request. This information is to be used to reveal to public scrutiny certain financial interest of public officials and employees in order to disclose potential conflicts of interest, and to aid the prevention of actual conflicts of interest.