



BUSINESS OFFICE  
CALIFORNIA INSTITUTE FOR TELECOMMUNICATIONS AND INFORMATION TECHNOLOGY

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(858) 534-1749

### UCSD Calit2 Chip-scale Photonics Testing Facility New User Form

#### COMPANY EMPLOYER USER(S)

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

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DATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

COMPANY NAME: _____
NAME: _____
TITLE: _____
DATE: _____
AUTHORIZED SIGNATURE: _____