



SLT Information Office - Hewlett-Packard Company - 19447 Pruneridge Ave., MS: 47UO - Cupertino, CA. 95014  
**SOFTWARE LICENSE TRANSFER REQUEST FORM**

To: slt@hp.com SLT Information 408-447-4848  
e-mail address FAX #:

Transferor: \_\_\_\_\_  
(SELLER) Company's Legal Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip Code  
\_\_\_\_\_  
Contact Name Phone # FAX #  
\_\_\_\_\_  
E-mail address

Transferee: \_\_\_\_\_  
(BUYER) Company's Legal Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip Code  
\_\_\_\_\_  
Contact Name Phone # FAX #  
\_\_\_\_\_  
E-mail address

Hardware: \_\_\_\_\_  
System Type Model No. Serial No.

If this is a Software-only transfer, please provide pertinent information of the receiving machine:

\_\_\_\_\_  
System Type Model No. Serial No.

**ALL SOFTWARE AND USER LICENSES LISTED IN PROOF-OF-OWNERSHIP DOCUMENTS  
WILL BE TRANSFERRED UNLESS OTHERWISE NOTED ON SEPARATE LIST.**

**PROOF OF OWNERSHIP OF THE RIGHT-TO-USE LICENSE(S):**

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- HP Invoice or HP Authorized Reseller Invoice (Must include Model Number, Serial Number & User Level)
- Executed HP Software License Transfer Authorization with original signatures (Must be original-signature document. Copies or faxes or this form are **not** acceptable).

If the above documentation is unavailable, HP will accept a complete copy of a current HP Hardware and Software Support Agreement. In order to be deemed acceptable proof of ownership, the Support Agreement must have been in effect within the twelve months preceding SLT request, and must include Serial Number, User License level and a complete list of installed software. (Quotations for Support will **NOT** be accepted.)

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Providing all documentation is received, reviewed & approved by HP, Transferor can anticipate receiving the Transfer Authorization Letter for signature within 10 business days.

By signing below you are attesting that all information provided to Hewlett-Packard regarding the above-referenced Software License Transfer request is correct and valid.

Requested by: \_\_\_\_\_  
Signature of Authorized Representative of Transferor Printed Name and Title

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