

**SPECIFIC SERVICE AGREEMENT  
BETWEEN THE  
FOREST PRODUCTS DEPARTMENT  
FOREST AND WILDLIFE RESEARCH CENTER  
MISSISSIPPI STATE UNIVERSITY  
AND**

\_\_\_\_\_  
**(SPONSOR)**

MSU EMPLOYER IDENTIFICATION NUMBER: 64-6000849.

BEGINNING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

THE \_\_\_\_\_, AS SPONSOR, AGREES TO PLACE AT THE DISPOSAL OF THE FPD/FWRC THE  
SUM OF \$ \_\_\_\_\_ FOR THE SERVICES RENDERED.

A. FPD/FWRC AGREES TO CONDUCT THE RESEARCH IN A PROFESSIONAL MANNER

B. WORK ON THIS PROJECT WILL BE CARRIED OUT UNDER THE FOLLOWING CONDITIONS.

1. RIGHTS TO INITIAL PUBLICATION, FORMAL RELEASE OF OTHER DISCLOSURE OF  
DATA GENERATED FROM THIS STUDY WILL BE RETAINED AND CONTROLLED BY

\_\_\_\_\_.

2. PATENT RIGHTS WILL BE RETAINED BY \_\_\_\_\_.

3. THE NAME OF THE FPD/FWRC WILL NOT BE USED IN ANY ADVERTISEMENT  
WITHOUT THE EXPRESSED WRITTEN APPROVAL FROM THE DIRECTOR, FPD/FWRC.

4. OTHER CONSIDERATIONS: \_\_\_\_\_

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

C. DESCRIPTION OF THE WORK TO BE DONE: \_\_\_\_\_

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

SIGNED FOR:  
THE FPD/FWRC

SIGNED FOR:  
THE SPONSOR

\_\_\_\_\_  
Scientist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTE TO SPONSOR

Check should be payable to FPD/FWRC with notation of the operations no. shown above. The sponsor is required to return a signed copy of this agreement and check to: Forest Products Dept/Forest and Wildlife Research Center, Box 9820, Mississippi State, MS 36762. Telephone: 662-325-2116. Fax: 662-325-8126