

ECHO Client Partner Application Form

Client Tool Full Name: _____

Client Tool Short Name or Acronym (10 character limit): _____

Client Type: (Web-based client or Installed application)

Client Interactivity: (User-interactive, Metadata harvesting, Other batch processing, Combination)

Description of project including type of data needed to be accessed: _____

Description of the user community for this client: _____

Client Access: (Public, Limited)

Approximate number of users: _____

Project URL: _____

Estimated start date for ECHO client development: _____

Target date for client becoming operational: _____

Programming languages considering for client development: _____

Contact Information for Client Support:

Name: _____

Email: _____

Telephone: _____ Fax: _____

Address: _____

Address2: _____

City: _____ State: _____ Zip: _____

Client support services available to end users: ____ am to ____ pm __T, Monday through Friday

Note: Please read the ECHO Client Partner Operations Agreement (OA) before submitting your application. By submitting this application, you agree to comply with the terms specified in the OA.