

 **Barcode Registry**

Library name _____

Address _____

City _____ County _____ Zip _____

Phone Number () _____

Contact person _____

Name of Regional Library Cooperative _____

Type of library (check one):

- Academic
- School (District: _____)
- Institution
- Special (includes hospital libraries)
- Public

Names of automation consortia to which your library belongs, if any.
(Examples: GOLD, BCCLS) _____

Barcoding:

- a. What barcoding scheme are you using (or do you plan to use)?
 Codabar: Code 39: Other (specify): _____

Please affix sample bar-code here:

- b. How is your library/institution identified within the bar-code (e.g., the portion of the bar-code that is unique to your library)? If none, specify none. _____

c. How are patron bar-codes distinguished from item bar-codes? _____

Please return this form to: Laretha Head
New Jersey State Library
PO Box 520
Trenton, NJ 08625-0520

If you have any questions about this form, call Laretha Head at 609-292-2992.