

**Physical/Overnight address:**

801 Capitol Way S  
Olympia, WA 98501-1226

**Mailing address:**

PO Box 40234  
Olympia, WA 98504-0234  
Tel: 360.725.0377  
[sos.wa.gov/corps](http://sos.wa.gov/corps)

## **INSTRUCTIONS: TRADEMARK ASSIGNMENT RCW 19.77.060**

**General Instructions:** Use Dark Ink Only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available for download at [sos.wa.gov/corps/trademark-home.aspx](http://sos.wa.gov/corps/trademark-home.aspx)

**Mail:** Send completed form and payment to the address listed above.

**Payment:** Make checks or money orders payable to “Secretary of State.” Checks cannot be back dated more than 60 days from the date the check is received.

**Fees:** The filing fee for a Trademark Assignment is \$10. To receive a new certificate add an additional \$5.

**Expedited Service:** If expedited service is requested, an *additional* \$50 must be added to the filing fee. Check the box indicating expedited service on page one.

**Purpose:** Trademark Assignments are used to transfer ownership of the mark to a different business/organization or individual.

### **ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.**

**(1) Trademark Registration Number:** Provide the Trademark Registration number that was issued by the Washington Secretary of State. Also provide the date the initial registration was filed with this office.

**(2) Trademark Present Owner:** Provide the name and contact information of the present trademark owner.

**(3) Trademark Owner Assignment:** Provide the name and contact information of the new owner of the mark. Select only one type of owner and complete the corresponding section using the below instructions. If both boxes are completed, the submission will be rejected, which will delay the date of filing.

- **Business/Organization:** Provide the name of the business or organization that owns the mark and a UBI number if the business is a registered business with the Office of the Secretary of State Corporations Division. If a UBI number is provided, the business name entered on this form must match the business name on file with the Corporations Division. The UBI number is not a required field at this time; however, the business’s home jurisdiction must be provided if the owner is a business. Next, provide the mailing address, phone number, and email address for the business. If the information is the same as the applicant section, check the *same as applicant* box and continue to Section 4. NOTE: Sole Proprietors should not provide a UBI number as it is not recorded by the Office of the Secretary of State.
- **Individual:** Provide the first and last name of the individual who owns the mark, and provide the individual’s mailing address, phone number, and email address. If the information is the same as the applicant section, check the *same as applicant* box and continue to Section 4.

**(4) Statement Attestation and Signature of Present Registrant:** The present owner must sign, print, provide the signer’s title, and date the document. By signing the document the present owner is attesting to the listed statements under penalty of law.

**(5) Notary Statement:** The form must have a notarized statement verifying the signature of the present trademark owner who is releasing their interest in the mark.

If you have questions, need assistance, or would like to provide feedback, visit the Corporations Division website at [sos.wa.gov/corps/trademarks.aspx](http://sos.wa.gov/corps/trademarks.aspx) email [trademarks@sos.wa.gov](mailto:trademarks@sos.wa.gov) or call 360-725-0344 opt 3.



Office of the Secretary of State  
Corporations & Charities Division

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 Olympia, WA 98501-1226 Olympia, WA 98504-0234  
 Tel: 360.725.0377 www.sos.wa.gov/corps

This Box For Office Use Only

- Filing Fee \$10**
- Filing Fee with Certificate \$15**
- To Expedite Filing, Add \$50**

## TRADEMARK ASSIGNMENT

### [RCW 19.77.060](#)

All fields required unless otherwise specified

**(1) TRADEMARK REGISTRATION NUMBER:**

Registration Number: \_\_\_\_\_ Original Date Filed: \_\_\_\_\_

**(2) TRADEMARK PRESENT OWNER:**

Name of Business (*if applicable*): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**(3) TRADEMARK OWNER ASSIGNMENT:**

The owner of a mark may be a business/organization **OR** individual.

Owner is a business or organization	Owner is an individual
Name: _____	Name: _____
UBI No.: _____	
State of Jurisdiction: _____	
Mailing Address: _____	Mailing Address: _____
_____	_____
City: _____ State: _____	City: _____ State: _____
Zip Code: _____ Phone: _____	Zip Code: _____ Phone: _____
Email: _____	Email: _____

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**(4) STATEMENT ATTESTATION AND SIGNATURE OF PRESENT REGISTRANT:**

The Trademark is presently in use in the State of Washington.

**I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.**

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**Signature**

**Printed Name/Title**

**Date**

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**(5) NOTARY:**

County of: \_\_\_\_\_ State of: \_\_\_\_\_

I, \_\_\_\_\_ a notary public, do certify that on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, personally appeared before me, \_\_\_\_\_, who being by me first duly sworn, signed the foregoing instrument in my presence, and that all the allegations contained therein are true.

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*Notary Signature*

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**Notary Stamp**