



Office of the Secretary of State

Corporations & Charities Division

Mailing Address: PO Box 40234 • Olympia, WA 98504 - 0234

Phone: 360 - 725 - 0377 • Web Address: www.sos.wa/corps

This Box For Office Use Only

Classification \$55 Per Class

Expedited Service \$50

## TRADEMARK REGISTRATION

Chapter RCW 19.77

### TRADEMARK/SERVICE MARK CLASSIFICATION

TRADEMARK/SERVICE MARK CLASSIFICATION(S) : (see list of goods and services BELOW, multiple classes can be selected on application) \$55 PER CLASSIFICATION

### GOODS OR SERVICE CLASSIFICATION NUMBERS:

(See [WAC 434-12-015](#) for a complete description of each classification)

Goods	Goods	Services
1. Chemical	18. Leather Goods	35. Advertising & Business
2. Paints	19. Nonmetallic Building Materials	36. Insurance & Financial
3. Cosmetic & Cleaning	20. Furniture & Other Articles	37. Construction & Repair
4. Lubricants & Fuel	21. House wares & Glass	38. Telecommunications
5. Pharmaceuticals	22. Cordage and Fibers	39. Transportation & Storage
6. Metal Goods	23. Yarns and Threads	40. Treatment of Materials
7. Machinery	24. Fabrics	41. Education & Training
8. Hand tools	25. Clothing	42. Scientific & Technological
9. Electrical & Scientific	26. Fancy Goods	43. Food, Drink & Lodging
10. Medical Apparatus	27. Floor Coverings	44. Medical, Veterinary & Hygienic
11. Environmental Control Apparatus	28. Toys & Sporting Goods	45. Personal & Social
12. Vehicles	29. Meats & Processed Foods	
13. Firearms	30. Staple Foods	
14. Jewelry	31. Natural Agricultural Products	
15. Musical Instruments	32. Light Beverages	
16. Paper Goods & Printed Matter	33. Wines and Spirits	
17. Rubber Goods	34. Smoker's Articles	

**TRADEMARK NUMBER:** *(if Trademark Reservation was previously filed)*

**APPLICANT INFORMATION**

**ENTITY NAME:** *(if applicable)* \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**MAILING ADDRESS:**  *(check box if same as correspondence)*

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**OWNER**

**TRADEMARK/SERVICE MARK OWNER:** *( May be entity, individual, or organization—see instructions page)*

**UBI Number:** *(If recorded with the Secretary of State in Washington. If foreign entity, identify state of jurisdiction.)*

**STATE OF JURISDICTION**

**MAILING ADDRESS:**  *(check box if same as applicant)*

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**DESCRIPTION**

**WORDMARK:** Y  N  *(If yes, mark is text only, without any preference to font, style or color. List the mark text. If no, please continue to trademark/service mark details.)*

**TRADEMARK/SERVICE MARK DETAILS:** *(If no was indicated above, please clearly describe the mark below.)*

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

**PLACEMENT**

**DESCRIBE HOW THE MARK IS AFFIXED TO GOODS OR DISPLAYED WITH SERVICES:**

---

---

---

---

---

**FIRST USED DATE**

*(Mark must currently be in use and have a first used date prior to filing)*

**MARK WAS FIRST USED BY APPLICANT: (DD/MM/YYYY)**

**\*DATE FIRST USED IN WASHINGTON STATE: \_\_\_\_\_**

**\*DATE FIRST USED IN ANY STATE OR COUNTRY : \_\_\_\_\_**

*\*Required field*

**SAMPLES**

**SAMPLE(S):** Attach a minimum of one sample of the mark for each classification number to this application.

Acceptable samples must:

- 1) Be clearly visible on the goods or displayed with the services
- 2) Demonstrate use in commerce

**SAMPLE(S) MUST BE ATTACHED TO THIS APPLICATION OR IT WILL NOT BE PROCESSED**

**SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE**

*This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.*

**X**

*Signature*

*Printed Name & Title*

*Date*

***PLEASE CONTINUE TO NEXT PAGE FOR INSTRUCTIONS***

# **INSTRUCTIONS - TRADEMARK REGISTRATION**

**Please complete all sections of the Trademark Registration. USE DARK INK ONLY. For an electronic, fillable version of this form, please visit our website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)**

## **Trademark/service mark classification (s): \$55 per classification**

Please identify the goods or services by selecting the classification number (s) associated with the areas of commerce the mark is used with or on. Multiple classification numbers can be used for one mark. For a complete description of each classification, please see WAC 434-12-015.

## **Trademark number:**

If a Trademark Reservation has been previously filed with the Secretary of State, enter the trademark number associated with the reservation in this section.

## **Applicant Information:**

Provide the information of the entity or the individual who is filing the Trademark Registration.

### **Owner:**

Provide information of mark owner. If the owner is an entity on file with the Secretary of State, include the UBI number associated with the entity. If the owner is a foreign entity, include the home state or jurisdiction.

### **Description:**

Indicate if the mark is a wordmark or trademark/service mark. A wordmark is **WORDS ONLY** with no preference to any style, font, or color. Example: "Wordmark: Secretary of State"

A trademark/service mark may be in the form of logos, emblems, stylized text, or words appearing with the previously mentioned. Example: "Trademark: the letters SOS appearing with state of Washington gold seal with outline of state capitol building appearing in solid black 'O' in 'SOS.'"

### **Placement:**

Describe how the mark is affixed to goods or displayed with services provided. Example: "The mark is on trademark registration form on the top left hand corner of first page."

### **First used date:**

The mark must currently be in use prior to filing a Trademark Registration. If mark has only been used in Washington State, please duplicate this date for first used in any state or country required area.

### **Samples:**

At least **ONE** sample must be submitted per classification. Samples must clearly show the mark used in commerce exactly as described and can not be in preliminary or draft form. Additional samples are recommended. Samples must clearly show the mark displayed with the services or on the goods. Samples may be original or facsimiles of the mark.

### **Mail completed forms and payment to:**

**Office of the Secretary of State  
Corporation & Charities Division  
801 Capitol Way S  
PO Box 40234  
Olympia, WA 98504**

**If you have questions, need assistance or would like to provide feedback, please visit the Corporations Division website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps) or call 360-725-0377.**

**All information supplied on this application is public record.**