

**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 CORRECTION RCW 19.77.030**

**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 the 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 the Trademark Correction is \$10.

**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.

**Reminder:** Trademark corrections must be filed within ninety (90) days of the original trademark registration filing. Corrections may not change the mark description.

**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 Washing Secretary of State.

**(2) Trademark Applicant:** Select only one type of applicant, either individual or business/organization, and provide the applicant’s name, mailing address, phone number, and email address. This section is required even if the applicant is the same person or business as the Trademark Owner. The Trademark Applicant is the correspondence contact for this submission.

**(3) Trademark Correction:** Describe the information from the registration that needs to be corrected. Attach additional pages if necessary. Corrections to the mark description itself will not be accepted.

**(4) Statement Attestation and Signature of Owner or Authorized Representative:** Sign, print, provide the signer’s title, and date the document. By signing the document the applicant is attesting to the listed statements and executing the submission under penalty of law.

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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This Box For Office Use Only

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

## TRADEMARK CORRECTION

### [RCW 19.77.030](#)

**All fields required unless otherwise specified**

**(1) TRADEMARK REGISTRATION NUMBER:**

Provide the Registration Number of the mark being corrected: \_\_\_\_\_

**(2) TRADEMARK APPLICANT:**

The applicant of a mark may be a business/organization **or** individual. Complete the section that best fits your mark ownership. See instructions for more details.

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

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

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

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

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

**(3) TRADEMARK CORRECTION:**

Correction may not change the mark description. State the item(s) that need to be corrected. (*Attach additional pages if needed.*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(4) STATEMENT ATTESTATION AND SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE:**

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.**

<b>Signature</b>	<b>Printed Name/Title</b>	<b>Date</b>