

RECORDS REQUEST FORM

Trademark & Domestic Partnership

Overnight address by commercial carrier:

See website: www.sos.wa.gov/corporations-charities

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PO Box 40234 Olympia, WA 98504-0234

Tel: 360.725.0377 Email: recordsdesk@sos.wa.gov

Filing fees listed below

\$15 per Apostille
To Expedite Filing, add \$100 per
Trademark and/or Domestic Partnership

	<u>1el</u> : 360./25.03// <u>Email</u> : recordsdesk	(@sos.wa.gov
TRADEMARK COPY REQUEST:		
Provide the Trademark registration number owner's name and if applicable UBI numb	er with a brief description of the corresponding trademark; over.	or the Trademark
1		· · · · · · · · · · · · · · · · · · ·
2		
3		
☐ Trademark Certificate \$5 per certificate		
☐ Certified copy of filed Trademark regis	stration \$20 per certified copy (sent by postal mail)	□ Apostille
DOMESTIC PARTNERSHIP COPY RI	EQUEST:	
Provide the Domestic Partnership registrat	tion number and a full name of at least one of the partner(s)	•
1		
2		
3		
☐ Wallet Card (comes in a set with two card		
☐ Domestic Partnership Certificate \$5 per	er certificate (sent by email)	
☐ Plain photocopy of filed domestic partropostal mail	nership registration \$5 per copy (sent by email) Check if	needing sent by
☐ Certified copy of filed Domestic Partne	ership Declaration \$20 per certified copy (sent by postal main) □ Apostille
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Name of Country requesting document:		
TRANSACTION REQUESTED BY: Re	equired	
Name:		
Address:		
	State: Zip:	
	Email:	
COMPLETE ORDER TOTAL: \$	Include all records and expedite fee(s)	