



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

**Purpose:** A Trademark Assignment is used to transfer the ownership of the mark to a different business/organization or individual.

**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.

**Email:** An email address is required on all documents submitted to this office. Existing email addresses will be used for notifications unless replaced via a filing with this office. Archived emails from previous filings will continue to be used for all notifications.

**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. A new certificate is issued and available to print or download at no additional cost.

**Expedited Service:** If expedited service is requested, an *additional* \$100 must be added to the filing fee. Check the box indicating expedited service on page one.

### **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 as currently registered with the Office of the Secretary of State.

**(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 returned, which will delay the date of filing.

- **Business/Organization OR Municipality/Association:** Provide the name of the business, organization, municipality, or association that owns the mark. Provide the UBI number if the business is registered with the Office of the Secretary of State Corporations Division or if the municipality/association is registered with the Department of Revenue. If a UBI number is provided, the business name entered on this form must match the business name on file with the Corporations Division. If the business is not registered with the Office of the Secretary of State and the jurisdiction is outside of Washington State then the UBI number is not required; however, by not providing a UBI number the business is attesting that it meets the statutory requirements of "activities not constituting doing business" in Washington State per RCW 23.95.520
  - Next, provide the mailing address, phone number, and email address for the business.
- **Individual/Sole Proprietor:** Provide the first and last name of the individual or sole proprietor who owns the mark and provide the mailing address, phone number, and email address. Note: the doing business as (DBA) name of a sole proprietor is not acceptable.

**(4) Return Address for this Filing:** If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Applicant's address.

**(5) 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.

**(6) 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.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at [www.sos.wa.gov/corporations](http://www.sos.wa.gov/corporations) to chat with a representative.



**WASHINGTON**  
Secretary of State  
Corporations & Charities Division

**Mailing Address (ALL USPS):** PO Box 40234 Olympia, WA 98504-0234

See website for overnight address by commercial carrier

Tel: 360.725.0377 | Website: [www.sos.wa.gov/corporations-charities](http://www.sos.wa.gov/corporations-charities)

☐ **Filing Fee \$10**

☐ **To Expedite Filing, Add \$100**

**THIS BOX FOR OFFICE USE ONLY**

**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: *This must reflect the owner currently on record with our office***

Name: \_\_\_\_\_

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

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

Email (*required*): \_\_\_\_\_

Phone (*optional*): \_\_\_\_\_

**(3) ASSIGNED TRADEMARK OWNER: Check one** The owner of a mark may be a business/organization **OR** municipality/partnership/association **OR** individual/sole proprietor. Complete the section that best fits your mark ownership. See instructions for more details.

**Owner type: (Check one)** ☐ **Business or organization** ☐ **Municipality, partnership, or association**

Name: \_\_\_\_\_

UBI No.: \_\_\_\_\_ State of Jurisdiction: \_\_\_\_\_

If the business is not registered with the Office of the Secretary of State or the Department of Revenue, the UBI number is not required, and the jurisdiction must be a state other than Washington. By not providing a UBI number the business attests that it meets the statutory requirements of “activities not constituting doing business” in Washington State per

**RCW 23.95.520**

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

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

Email (*required*): \_\_\_\_\_

Phone (*optional*): \_\_\_\_\_

☐ **Owner is an individual or sole proprietor: *If a sole proprietor the “doing business as (DBA) name” is not acceptable.***

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

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

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

Email (*required*): \_\_\_\_\_

Phone (*optional*): \_\_\_\_\_

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**(4) RETURN ADDRESS FOR THIS FILING: (optional)**

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Owner's address.

**Attention:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

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

The Trademark is presently in use in the State of Washington. By signing below I attest that I am the present registrant; or an authorized representative, and am authorized to assign ownership of the registered trademark.

**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**

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**Printed Name/Title**

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**Date**

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**(6) NOTARY:**

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

\_\_\_\_\_ My Commission expires: \_\_\_\_\_

*Notary signature*

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**Notary Stamp**