



## **INSTRUCTIONS: TRADEMARK CORRECTION RCW 19.77.030**

**Purpose:** A Trademark Correction may be used only within the first ninety (90) days of the original trademark registration filing. Corrections cannot change the wordmark or logo/design mark itself.

**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* \$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 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) 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 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.

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

Overnight address by commercial carrier: 801 Capitol Way S Olympia, WA 98501-1226

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

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Filing Fee \$10

To Expedite Filing, Add \$100

**THIS BOX FOR OFFICE USE ONLY**

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

**Owner is a business or organization**

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

UBI No.: \_\_\_\_\_

State of Jurisdiction: \_\_\_\_\_

Check box if address is the same as applicant

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

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

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Owner is an individual**

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

Check box if address is the same as applicant

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

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

Zip Code: \_\_\_\_\_ 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) 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 Applicant's address.

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

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

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

**(5) 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.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name/Title**

\_\_\_\_\_  
**Date**