

RECORDS REQUEST FORM

Trademark & Domestic Partnership

Overnight address by commercial carrier:

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

Mailing Address (ALL USPS):

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//	Email: recordsdesk@so	s.wa.gov
TRADEMARK COPY REQUEST:			
Provide the Trademark registration number owner's name and if applicable UBI number	er with a brief description of the correspond oer.	ling trademark; or th	e Trademark
1			
2			
3			
☐ Trademark Certificate \$5 per certificate			
☐ Certified copy of filed Trademark regis	stration \$20 per certified copy (sent by posta	l mail)	□ Apostille
DOMESTIC PARTNERSHIP COPY R	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 pe	er certificate (sent by email)		
☐ Plain photocopy of filed domestic partipostal mail	nership registration \$5 per copy (sent by emo	ail) □ Check if nee	eding sent by
☐ Certified copy of filed Domestic Partner	ership Declaration \$20 per certified copy (s	ent by postal mail)	□ Apostille
•	above this section is required to be comp s States of America, its territories or possession	•	e Apostille
Name of Country requesting document:	:		· · · · · · · · · · · · · · · · · · ·
TRANSACTION REQUESTED BY: Re	equired		
Name:			
Address:			
	State:	Zip:	
	Email:		
COMPLETE ORDER TOTAL: \$	Include all records and expe		