



THE STATE  
of **ALASKA**

Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing

**COR**

FOR DIVISION USE ONLY

**Corporations Section**

State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550 • Fax: (907) 465-2974  
Email: [Corporations@Alaska.Gov](mailto:Corporations@Alaska.Gov)  
Website: [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov)

**Assignment Form Only**

**Assignment of Certification Mark**

**(AS 45.50)**

- For a “How To” guide to successfully register a trademark, as well as a list of FAQs, visit our website at [www.Corporations.Alaska.Gov](http://www.Corporations.Alaska.Gov) and select *Register a Trademark*.
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.

<b>1. Important:</b>	AS 45.50.010-.205
<p>This form is <u>only</u> used to <u>change the registrant</u> (owner) of a certification mark.</p> <p>An “Assignment” form may be used to change the registrant (owner) of a certification mark currently registered with the State of Alaska. An assignment will not extend the term of a mark; the mark will maintain its current expiration date. A Certificate of Certification Mark Assignment will be issued upon approval of the assignment, reflecting the new ownership. If the owner is <i>not</i> changing, but the current registrant’s information has changed since the registration or renewal was filed, use the “Amended Registrant Information” application (form #08-4739).</p> <p>A certification mark registration is valid only in the State of Alaska. The Corporations Section does not check an application against other states’ registrations or registrations on file with the U.S. Patent and Trademark Office. If you require assistance, you are advised to seek the services of an attorney or other qualified professional specializing in trademark law.</p>	

<b>2. Fee:</b>	<input type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF)	AS 45.50.120(b)
<p>Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.</p>		

<b>3. CURRENT Registrant Information</b> (assignor):	AS 45.50.070 and AS 45.50.020(1)
<p>Name of CURRENT Registrant: _____</p> <p>Certification Mark Number (<i>mandatory</i>): _____</p> <p>Mailing Address: _____</p>	

**4. Name and address or the NEW registrant (assignee) as a result of this filing:**

AS 45.50.120

Name of NEW Registrant: \_\_\_\_\_

If Applicable: AK Entity #: \_\_\_\_\_

AK Business License #: \_\_\_\_\_

Mailing Address of NEW Registrant: \_\_\_\_\_

**5. NEW Registrant Information:**

AS 45.50.020(1)(a) and (b)

**a. Registrant Type:** Corporation (INC, LLC, LP, LLP) Partnership Sole Proprietor**b. Home State of Organization:** \_\_\_\_\_**c. If the Entity is a Partnership, list all General Partners:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**10. Required Signature:**AS 45.50.030 and  
AS 45.50.070**IMPORTANT:**

By signing this application I declare, under penalty of perjury, that this application is true and complete, including any information provided in this application and the following statements:

- the applicant is the owner of the certification mark;
- the certification mark is in use; and,
- to the knowledge of the individual signing the application, no other person has the right to use the mark either in the identical form or in a near resemblance to it as to be likely, when applied to the goods or services of another person, to cause confusion or mistake or to deceive.

The signer must be the applicant, or a member of the firm or an officer of the corporation, partnership, or association applying for the certification mark as listed in ITEM 3 of this application.

Persons who sign documents filed with the Commissioner that are known to the person to be false in material respects are guilty of a Class A misdemeanor.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Title of Authorized Signer: \_\_\_\_\_

*If the certification mark is owned by an entity (listed in Item #3), then the signer must identify their signing authority, such as: corporation President or LLC Member. Example: John Doe, President of owning entity XYZ Incorporated.*



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**Contact Information**

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

<b>Entity Information</b>		Enter your entity information as it appears on this filing.	
Entity Name:			
AK Entity #:			

<b>Contact Person</b>		Whom may we contact with any questions or problems with this filing?	
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:
Phone:			
Email:			

<b>Document Return Address</b>		Provide an address for the return of your filed documents.	
<input type="checkbox"/> Return my filings to the address provided <b>ABOVE</b>			
<input type="checkbox"/> Return my filings to this address provided <b>BELOW</b>			
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:



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## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

**AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!**

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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