

North Carolina Department Secretary of State
TRADEMARK SECTION
Request for Trademark/Service Mark Copies

Personal Name: _____ Phone: (____) _____

Business Name: _____

Mailing Address: _____

Email Address: _____ Fax#: (____) _____

A. Tell us about Trademark/Service Mark; fill in below what you know:

Registration Number _____ or

Describe the words or what the mark is (design/slogan) _____

Who is the Owner/Applicant of the mark? _____

B. Check all that apply:

(You may call the Trademark Section at (919) 807-2162 to determine the cost of this request)

_____ **Certified Copy** _____ **Quantity**

(\$5.00 for first page and \$1.00 per page thereafter)

_____ Application for Registration _____ Registration Certificate _____ Specimens Submitted

_____ Other (please specify) _____ Entire File _____

_____ **Copies Only** _____ **Quantity**

(\$1.00 per page)

_____ Application for Registration _____ Registration Certificate _____ Specimens Submitted

_____ Other (please specify) _____ Entire File _____

C. Your total cost here: _____ (attach check or money order made out to the North Carolina Department Secretary of State)

D. Check one: _____ Mail _____ Pick-up (please allow at least one business day for pickup)

Special Notes:

NO COPIES WILL BE MADE WITHOUT PREPAYMENT
