

Secretary of the State of Connecticut

PHONE: 860-509-6003 WEBSITE: business.ct.gov EMAIL: bsd@ct.gov

APPLICATION FOR CERTIFICATE OF RENEWAL OF A CERTIFICATION MARK

(CAN BE FILED ONLY WITHIN 6 MONTHS PRIOR TO THE EXPIRATION OF A REGISTRATION)

- USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2" x 11" SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		FILING FEE: \$50 -
NAME:		MAKE CHECKS PAYABLE TO "SECRETARY OF STATE"
ADDRESS:		
		MAILING ADDRESS: BUSINESS SERVICES DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470,
CITY:	TIP 00PT	HARTFORD, CT 06115-0470 DELIVERY ADDRESS:
STATE: EMAIL:	ZIP CODE:	BUSINESS SERVICES DIVISION, CONNECTICUT SECRETARY OF THE STATE, 165 CAPITOL AVENUE HARTFORD, CT 06106
TELEPHONE NUMBER:		
1. NAME OF RECORD OWNER:		
I. NAME OF RECORD OWNER.		
2. STATE OF FORMATION OF THE OWNER (IF OTHER THAN A NATURAL PERSON):		
3. NEW ADDRESS OF OWNER (IF APPLICABLE):		
ADDRESS:		
CITY:		
STATE:	ZIP CODE:	
4. CONNECTICUT REGISTRATION NUMBER:		
4. CONNECTION REGISTRATION NUMBER:		
THE OWNER OF THE MARK, WHICH IS THE SUBJECT OF THIS APPLICATION, ASSERTS THAT THE MARK HAS BEEN AND IS STILL IN USE IN CONNECTICUT. THE OWNER HEREBY APPLIES FOR RENEWAL OF THE REGISTRATION BEARING THE NUMBER STATED IN NUMBER 4 ABOVE.		
5. EXECUTION - I HEREBY DECLARE UNDER THE PENALTIES OF FALSE STATEMENT THAT THE STATEMENTS MADE IN THE FOREGOING APPLICATION IS TRUE.		
DATED THIS	DAY OF	, 20
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE
THE APPLICANT MUST SUBMIT THREE SPECIMENS OR PHOTOGRAPHS OF THE MARK AS ACTUALLY USED IN THIS STATE.		