



Secretary of the State of Connecticut

PHONE: [860-509-6003](tel:860-509-6003) WEBSITE: business.ct.gov EMAIL: bsd@ct.gov

APPLICATION FOR A CERTIFICATE OF REGISTRATION OF A COLLECTIVE MARK

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

<p>FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):</p> <p>NAME:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP CODE:</p> <p>EMAIL:</p> <p>TELEPHONE NUMBER:</p>	<p>FILING FEE: \$50</p> <p>MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</p>
<p>1. NAME OF APPLICANT/OWNER:</p>	
<p>2. ADDRESS OF OWNER:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP CODE:</p>	<p>3. STATE OR COUNTRY OF FORMATION OF THE OWNER (IF OTHER THAN A NATURAL PERSON):</p>
<p>4. PLEASE PROVIDE A COMPLETE DESCRIPTION OF THE MARK:</p>	
<p>5. THE GOODS OR SERVICES ON OR IN CONNECTION WITH WHICH THE MARK IS USED:</p>	
<p>6. USE THIS SPACE TO DISCLAIM THE EXCLUSIVE RIGHT TO USE ANY DESCRIPTIVE OR GENERIC COMPONENTS OF THE MARKS:</p>	
<p>7. THE DATE ON WHICH THE MARK WAS FIRST USED ANYWHERE:</p>	
<p>8. THE DATE ON WHICH THE MARK WAS FIRST USED IN CONNECTICUT:</p>	
<p>9. THE MODE MANNER OR METHOD OF APPLYING, AFFIXING OR OTHERWISE USING THE MARK ON OR IN CONNECTION WITH SUCH GOODS OR SERVICES:</p>	

10. HAVE APPLICATIONS TO REGISTER THE MARK OR PORTIONS OR COMPOSITES THEREOF BEEN FILED IN THE UNITED STATES PATENT OFFICE?

YES NO

11. IF NO. 10 WAS ANSWERED YES, INDICATE THE FILING DATE, SERIAL NUMBER, STATUS, AND IF REGISTRATION WAS REFUSED, THE REASONS FOR SUCH REFUSAL:

THE APPLICANT IS THE OWNER OF THE MARK. THE APPLICANT ASSERTS THAT THE MARK IS NOT KNOWN TO BE THE SUBJECT MATTER OF AN EXISTING FEDERAL REGISTRATION GRANTED TO ANOTHER AND TO THE BEST OF THE APPLICANT'S KNOWLEDGE, NO OTHER PERSON HAS THE RIGHT TO USE SUCH MARK IN THIS STATE EITHER IN THE IDENTICAL FORM THEREOF OR IN SUCH NEAR RESEMBLANCE THERETO AS TO BE LIKELY, WHEN APPLIED TO THE GOODS OR SERVICES OF SUCH OTHER PERSON, TO CAUSE CONFUSION, OR TO CAUSE MISTAKE OR TO DECEIVE THE PUBLIC. THE APPLICANT HEREBY DECLARES UNDER THE PENALTIES OF FALSE STATEMENT THAT THE STATEMENTS MADE IN THE FOREGOING APPLICATION ARE TRUE.

12. NAME OF APPLICANT (if OTHER THAN THE OWNER IN ITEM 1):

BUSINESS ADDRESS OF APPLICANT

ADDRESS:

CITY:

STATE:

ZIP CODE:

13. EXECUTION:

DATED THIS _____ DAY OF _____, 20 _____

NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY (IF APPLICABLE)	SIGNATURE

THE APPLICANT MUST SUBMIT THREE SPECIMENS OR PHOTOGRAPHS OF THE MARK AS ACTUALLY USED IN THIS STATE.

MAILING ADDRESS:

BUSINESS SERVICES DIVISION,
CONNECTICUT SECRETARY OF THE STATE,
P.O. BOX 150470,
HARTFORD, CT 06115-0470

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DELIVERY ADDRESS:

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