### SECRETARY OF THE STATE OF CONNECTICUT



MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470 DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: <u>www.concord-sots.ct.gov</u>

### APPLICATION FOR REGISTRATION OF A CERTIFICATION MARK

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		FILING FEE: \$50
		MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
NAME:		
ADDRESS:		
CITY:		
STATE:	ZIP:	
1. NAME OF APPLICANT/O	WNER:	
2. ADDRESS OF OWNER:		
2. ADDRESS OF OWNER.		
ADDRESS:		
CITY:		
STATE:	ZIP:	
3. STATE OR COUNTRY OF	F FORMATION OF THE OWNER (IF 07	THER THAN A NATURAL PERSON)
4. PLEASE PROVIDE A CO	MPLETE DESCRIPTION OF THE MAI	RK:
	ES ON OR IN CONNECTION WITH W	
5. THE GOODS OR SERVIC	es on or in connection with w	THICH THE MARK IS USED:
6. USE THIS SPACE TO DIS COMPONENTS OF THE		USE ANY DESCRIPTIVE OR GENERIC
7. THE MARK IS USED TO	CERTIFY THE FOLLOWING:	
8. THE DATE ON WHICH T	HE MARK WAS FIRST USED ANYWH	IEKE:

9. THE DATE ON WHICH THE MARK WAS FIRST USED IN CONNECTICUT:

10. THE MODE, MANNER OR METHOD OF APPLYING, AFFIXING OR OTHERWISE USING THE MARK ON OR IN CONNECTION WITH SUCH GOODS OR SERVICES:

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

## 12. IF NO. 11 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 AND IS NOT ENGAGED IN THE PRODUCTION OR MARKETING OF ANY GOODS OR SERVICES TO WHICH THE MARK IS APPLIED. 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 PURCHASERS. THE APPLICANT HEREBY DECLARES UNDER THE PENALTIES OF FALSE STATEMENT THAT THE STATEMENTS MADE IN THE FOREGOING APPLICATION ARE TRUE.

#### 13. NAME OF APPLICANT (IF OTHER THAN OWNER):

#### **BUSINESS ADDRESS OF APPLICANT**

ADDRESS:

CITY:

STATE:

ZIP:

### 14. EXECUTION:

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.