

~APPLICATION FOR RENEWAL OF REGISTRATION UNDER § 9 (15 U.S.C. § 1059)~

NOTE: The following form complies with the provisions of the Trademark Law Treaty Implementation Act (TLTIA). Do NOT submit this form prior to October 30, 1999, the effective date of TLTIA.

WHEN TO FILE: You must file a renewal application within one (1) year prior to the registration expiration date (or, for an extra fee of \$100.00 per class, you may file within the six-month grace period following the registration expiration date). *FAILURE TO FILE A SECTION 9 APPLICATION WILL RESULT IN THE EXPIRATION OF THE REGISTRATION.*

Note: Because the time for filing the renewal application coincides with the time for filing a Section 8 declaration, a combined §§ 8 & 9 form exists. For more information, please see *Basic Facts about Maintaining a Trademark Registration* (for a copy, call the Trademark Assistance Center, at 703-308-9000).

BASIC INSTRUCTIONS

The following form is written in a “scannable” format that will enable the U.S. Patent and Trademark Office (USPTO) to scan paper filings and capture application data automatically using optical character recognition (OCR) technology. Information is to be entered next to identifying data tags, such as <MARK>. OCR software can be programmed to identify these tags, capture the corresponding data, and transmit this data to the appropriate data fields in the Trademark databases, largely bypassing manual data entry processes.

Please enter the requested information in the blank space that appears to the right of each tagged (< >) element. However, do not enter any information immediately after the section headers (the bolded wording appearing in all capital letters). Some of the information requested *must* be provided. Other information is either required only in certain circumstances, or provided only at your discretion. **Please consult the “Help” section following the form for detailed explanations as to what information should be entered in each blank space.**

To increase the effectiveness of the USPTO scanners, it is recommended that you use a typewriter to complete the form.

MAILING INFORMATION

Send the completed form; appropriate fee (The filing fee for the § 9 Renewal Application is \$300.00 per class, made payable to “The Commissioner of Patent and Trademarks”); and any other required materials to:

Box Post Reg
Fee
Assistant Commissioner for Trademarks
2900 Crystal Drive
Arlington, VA 22202-3513

You may also wish to include a self-addressed stamped postcard with your submission, on which you identify the mark and registration number, and list each item being submitted (e.g., application, fee, etc.). We will return this postcard to you to confirm receipt of your submission.

~APPLICATION FOR RENEWAL OF REGISTRATION UNDER § 9 (15 U.S.C. § 1059)~

~To the Assistant Commissioner for Trademarks~

<TRADEMARK/SERVICE MARK INFORMATION>

<Mark>

<Registration Number>

<Registration Date>

<REGISTRANT INFORMATION>

<Name>

<Street>

<City>

<State>

<Country>

<Zip/Postal Code>

<DOMESTIC REPRESENTATIVE>~Required ONLY if the registrant's address is outside the United States.~

<Name> ~is hereby appointed the registrant's
representative upon whom notice or process in the proceedings affecting the mark may be served.~

<Street>

<City>

<State>

<Zip Code>

<GOODS AND/OR SERVICES INFORMATION>

<Goods and/or Services to be Deleted>~In the following space, list only those goods and/or services (or entire classes(es))
appearing in the registration that you do **NOT** want to renew. **LEAVE THIS SPACE BLANK IF YOU WANT TO RENEW ALL
THE GOODS AND/OR SERVICES LISTED IN THIS REGISTRATION.**~

<FEE INFORMATION>

~Section 9 Filing Fee~

\$300.00 x <Number of Classes> = <Filing Fee Due>

~Grace Period Fee: If filing during the six-month grace period, enter § 9 Grace Period Fee~

\$100.00 x <Number of Classes> = <Grace Period Fee Due>

~Filing Fee Due + Grace Period Fee Due~ = <Total Fees Paid>

<SIGNATURE AND OTHER INFORMATION>

~The registrant requests that the registration be renewed for the goods and/or services identified above.~

~Signature~ _____

<Date Signed>

<Name>

<Title>

<CONTACT INFORMATION>

<Name>

<Company/Firm Name>

<Street>

<City>

<State>

<Country>

<Zip/Postal Code>

<Telephone Number>

<Fax Number>

<e-Mail Address>

<CERTIFICATE OF MAILING>~Recommended to avoid lateness due to mail delay.~

~I certify that the foregoing is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Assistant Commissioner for Trademarks, 2900 Crystal Drive, Arlington, VA 22202-3513, on~

<Date of Deposit>

~Signature~ _____

<Name>

TRADEMARK/SERVICE MARK INFORMATION

Mark: Enter the word mark in typed form; or, in the case of a design or stylized mark, a brief description of the mark (e.g., “Design of a fanciful cat”).

Registration Number: Enter the USPTO registration number.

Registration Date: Enter the date on which the registration was issued.

REGISTRANT INFORMATION

Name: Enter the full name of the registrant, i.e., the name of the individual, corporation, partnership, or other entity that owns the registration. If joint or multiple registrants, enter the name of each of these registrants.

Note: If ownership of the registration has changed, to have the USPTO databases reflect the current owner, you must establish current ownership by recording the appropriate document(s) with the USPTO Assignment Branch.

Street: Enter the street address or rural delivery route where the registrant is located.

City: Enter the city and/or foreign area designation where the registrant’s address is located.

State: Enter the U.S. state or foreign province in which the registrant’s address is located.

Country: Enter the country of the registrant’s address. If the address is outside the United States, the registrant must appoint a “Domestic Representative” on whom notices or process in proceedings affecting the mark may be served. *See* “Domestic Representative” section, below.

Zip/Postal Code: Enter the registrant’s U.S. Zip code or foreign country postal identification code.

DOMESTIC REPRESENTATIVE

Complete this section **only** if the address of the registrant is outside the U.S. or one of its territories.

Name: Enter the name of the domestic representative.

Street: Enter the street address or rural delivery route where the domestic representative is located.

City: Enter the city where the domestic representative’s address is located.

State: Enter the U.S. state in which the domestic representative’s address is located.

Zip Code: Enter the U.S. Zip code.

GOODS AND/OR SERVICES INFORMATION

Goods and/or Services to be Deleted: List the goods and/or services (if any) identified in the existing registration that you do NOT want to renew; or, specify an entire international class(es), as appropriate (e.g., Classes 9 & 42).

FEE INFORMATION

Section 9 Filing Fee: The filing fee for the Application for Renewal under § 9 is \$300.00 per class.

Number of Classes: Enter the total number of classes (*not* the international class number(s)) to which the Application for Renewal under § 9 applies. For example, if the renewal application applies to Classes 1, 5 and 25, then the number “3” should be entered.

Filing Fee Due: Enter the total of \$300.00 multiplied by number of classes; e.g., \$300.00 x 3 = \$900.00.

Grace Period Fee: If filed during the six-month grace period, a late fee of \$100.00 per class is required.

Number of Classes: See above.

Grace Period Fee Due: Enter total of \$100.00 multiplied by number of classes; e.g., \$100.00 x 3 = \$300.00.

Total Fee Paid: Enter the total of the Filing Fee Due plus the Grace Period Fee Due; e.g., \$900.00 + \$300.00 = \$1200.00. This amount must either be enclosed (in the form of a check or money order in U.S. currency, made payable to “Commissioner of Patents and Trademarks”), or charged to an already-existing USPTO deposit account. **Note:** If the filing is deficient, additional fees may be charged.

SIGNATURE AND OTHER INFORMATION

Signature: The registrant or registrant's representative must sign the form.

Date Signed: Enter the date the form is signed.

Name: Enter the name of the person signing the form.

Title: Enter the signatory's title, if applicable, e.g., Vice-President, General Partner, etc.

CONTACT INFORMATION

Although this may be the same as provided elsewhere in the document, please enter the following required information for where the USPTO should mail correspondence. (Please note that correspondence will only be mailed to an address in the U.S. or Canada).

Name: Enter the full name of the contact person.

Company/Firm Name: Enter the name of the contact person's company or firm.

Street: Enter the street address or rural delivery route where the contact person is located.

City: Enter the city and/or foreign area designation where the contact person's address is located.

State: Enter the U.S. state or Canadian province in which the contact person's address is located.

Country: Enter the country of the contact person's address.

Zip Code: Enter the U.S. zip code or Canadian postal code.

Telephone Number: Enter the appropriate telephone number.

Fax Number: Enter the appropriate fax number, if available.

e-mail Address: Enter the appropriate e-mail address, if available.

CERTIFICATE OF MAILING

Although optional, use of this section is recommended to avoid lateness due to mail delay. Papers are considered timely filed if deposited with the United States Postal Service with sufficient postage as first class mail on or before the due date and accompanied by a signed Certificate of Mailing attesting to timely deposit. The USPTO will look to the date shown on the Certificate of Mailing, rather than the date of actual receipt, to determine the timeliness of this document.

Date of Deposit: Enter the date of deposit with the United States Postal Service as first class mail.

Signature: A person signing the certificate should have a reasonable basis to expect that the correspondence will be mailed on or before the indicated date.

Name: Enter the name of the person signing the Certificate of Mailing.