



THE STATE  
of **ALASKA**

Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing

**COR**

FOR DIVISION USE ONLY

**Corporations Section**

State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550 • Fax: (907) 465-2974  
Email: [Corporations@Alaska.Gov](mailto:Corporations@Alaska.Gov)  
Website: [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov)

**NEW Application Only**

**Collective Mark Registration**

**(AS 45.50)**

- Each variation of a collective mark requires a separate application.
- For a “How To” guide to successfully register a collective mark, as well as a list of FAQs, visit our website at [www.Corporations.Alaska.Gov](http://www.Corporations.Alaska.Gov) and select *Register a Trademark*.
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.

<b>1. Important:</b> This application is <u>only</u> for a <b>COLLECTIVE MARK</b> .	AS 45.50.010-.205
<p>A “Collective Mark” includes any word, name symbol, or device, or any combination, used, or intended to be used, in commerce, by the members of a cooperative, an association, or other collective group or organization, including a mark which indicates membership in a union, an association, or other organization.</p> <p>This collective mark registration is valid only in the State of Alaska for a period of five (5) years. The Corporations Section does not check an application against other states’ registrations, or registrations on file with the U.S. Patent and Trademark Office. <u>You are strongly advised to conduct a thorough search of your mark before filing.</u> If you require assistance, you are advised to seek the services of an attorney or other qualified professional specializing in the area of trademark law.</p>	

<b>2. Fee:</b>	<input type="checkbox"/> \$50 Nonrefundable Filing Fee (CORF)	AS 45.50.040
Mail this form and the non-refundable \$50 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.		

<b>3. Registrant Information</b> (Entity or Individual):	AS 45.50.020(1)
<p>Name of Registrant: _____</p> <p>If Applicable: AK Entity # _____ AK Business License # _____</p> <p>Mailing Address: _____</p>	

**4. Registrant Information:**

AS 45.50.020(1)(a) and (b)

**a. Registrant Type:** Corporation (INC, LLC, LP, LLP) Partnership Sole Proprietor**b. Home State of Organization:**

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**c. If the Entity is a Partnership, list all General Partners:**

1. -----

2. -----

3. -----

4. -----

**IMPORTANT:**

A mark that merely serves to identify the name of a business is not a valid mark.

Alaska Statute 45.50.010 states that a proposed mark cannot be registered if it consists of:

1. immoral, deceptive, or scandalous matter;
2. matter that may disparage or falsely suggest a connection with persons, living or dead, institutions, beliefs, or national symbols, or bring them into contempt or disrepute;
3. the flag, coat of arms, or other insignia of the United States, this or another state, or municipality of this or another state, or a foreign nation, or simulation of any of these;
4. the name, signature, or portrait identifying a living individual, except with the written consent of that individual;
5. merely descriptive or deceptively misdescriptive of an applicant's goods or services;
6. is primarily geographically descriptive or deceptively misdescriptive of an applicant's goods or services;
7. primarily a surname;
8. a mark that so resembles a mark registered in this state or in the United States Patent and Trademark Office, or a mark previously used by another and not abandoned, as to be likely, when used on or in connection with the goods or services of the applicant, to cause confusion or mistake or to deceive;
9. a mark that so resembles the name of another organized entity, or a reserved or registered name, that the mark is likely to cause confusion or mistake or to deceive.

**5. Collective Mark Samples** (submit **THREE** (3) samples of the collective mark):AS 45.50.030 and  
AS 45.50.200(10) I have attached three (3) samples of my collective mark that:

- a. demonstrates actual use of the mark in commerce; and
- b. matches the class selected in Item 7.

Note: The three samples may be a combination of the same image or different images of the mark.

**6. Description of Collective Mark:**

AS 45.50.020(2)

The description provided below should state clearly and accurately what the mark comprises. The description should describe all significant aspects of the mark, including literal elements (i.e. word) as well as design elements (i.e. logo). If the mark contains both wording and logo features, the description should describe both aspects of the mark. Such as, for example: shapes, colors, font, stylizations, etc.

**Collective Mark Includes:** Words Only Logo Only Words and Logo**Description of Words:**

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**Description of Logo:**

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**IMPORTANT:**

- One variation of a collective mark per application. Each variation requires a separate application.
- An unregistrable component of the mark, such as a common word or design element, may require a disclaimer form stating the component is available for other businesses to use in marketing their goods or services.

**7. Class for this mark:**AS 45.50.020(2) and  
AS 45.50.150**200** Collective Mark**8. Collective Mark Details:**AS 45.50.020(3) and  
AS 45.50.150

mm      dd      yyyy

mm      dd      yyyy

**Briefly describe the goods or services associated with your collective mark:**

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**9. U. S. Collective Mark Status:**

AS 45.50.020(5)

**Has the collective mark been filed with the U.S. Patent and Trademark Office?** No Yes — Filing Date: \_\_\_\_\_ Serial Number: \_\_\_\_\_Application Status:  Approved Pending Denied because: \_\_\_\_\_**10. Required Signature:**AS 45.50.030 and  
AS 45.50.160**IMPORTANT:**

By signing this application I declare, under penalty of perjury, that this application is true and complete, including any information provided in this application and the following statements:

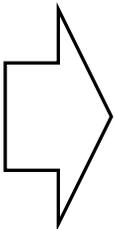
- the applicant is the owner of the collective mark;
- the collective mark is in use; and,
- to the knowledge of the individual signing the application, no other person has the right to use the mark either in the identical form or in a near resemblance to it as to be likely, when applied to the goods or services of another person, to cause confusion or mistake or to deceive.

The signer must be the applicant, or a member of the firm or an officer of the corporation, partnership, or association applying for the collective mark as listed in ITEM 3 of this application.

Persons who sign documents filed with the Commissioner that are known to the person to be false in material respects are guilty of a Class A misdemeanor.

**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**Printed Name:** \_\_\_\_\_**Title of Authorized Signer:** \_\_\_\_\_

*If the trademark is owned by an entity (listed in Item #3), then the signer must identify their signing authority, such as: corporation President or LLC Member. Example: John Doe, President of owning entity XYZ Incorporated.*

**Before mailing this renewal application, have you...**

- ✓ completed all questions on the form?
- ✓ attached your check for fees payable to the State of Alaska or credit card payment form?
- ✓ signed and dated the renewal form?
- ✓ attached three samples of the collective mark?



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**Contact Information**

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

<b>Entity Information</b>		Enter your entity information as it appears on this filing.	
Entity Name:			
AK Entity #:			

<b>Contact Person</b>		Whom may we contact with any questions or problems with this filing?	
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:
Phone:			
Email:			

<b>Document Return Address</b>		Provide an address for the return of your filed documents.	
<input type="checkbox"/> Return my filings to the address provided <b>ABOVE</b>			
<input type="checkbox"/> Return my filings to this address provided <b>BELOW</b>			
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:



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## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

**AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!**

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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