

Application for Recordal of Insignia or Renewal/Reactivation of Recordal

Under the Fastener Quality Act

15 U.S.C. § 5401 *et seq.*

15 C.F.R. § 280.300 *et seq.*

USPTO Form 1611 (Rev. 10/2007)
U.S. Patent and Trademark Office
U.S. DEPARTMENT OF COMMERCE
OMB Control No. 0651-0028 (Exp. 06/30/2009)
Under the Paperwork Reduction Act of 1995,
no persons are required to respond to a
collection of information unless it displays a
valid OMB control number.



APPLICATION FOR RECORDAL OF INSIGNIA UNDER THE FASTENER QUALITY ACT

or Renewal/Reactivation of Recordal 15 U.S.C § 5401 *et. seq.* (15 C.F.R. §280.300 *et. seq.*)

page 3 of 3

Instructions

To request recordal:

1. Complete sections 1 through 4 of USPTO Form 1611
2. Sign and date the form
3. Attach a copy of your trademark registration certificate or application drawing page, as appropriate
4. Attach a check or money order in U.S. Currency or a completed credit card authorization form, or include a USPTO Deposit Account number for required fees*
5. Submit form either by mail, by fax, or by email

To request renewal:

1. Complete sections 1, 2, 3 and 5 of USPTO Form 1611
2. Sign and date the form
3. Attach a copy of the certificate of recordal
4. Attach a check or money order in U.S. Currency or a completed credit card authorization form, or include a USPTO Deposit Account number for required fees*
5. Submit form either by mail, by fax or by email

To request reactivation:

1. Complete sections 1, 2, 3 and 6 of USPTO Form 1611
2. Sign and date the form
3. Attach a copy of the certificate of recordal
4. Attach a check or money order in U.S. Currency or a completed credit card authorization form, or include a USPTO Deposit Account number for required fees*

5. Submit form either by mail, by fax, or by email

To submit form via mail, please send form, required attachments and method of payment to the address below.

Director, USPTO
ATTN: FQA
600 Dulany Street
MDE 10-A71
Alexandria VA 22314-5793

To submit form via fax, please transmit form, required attachments and method of payment to 571.273.8950

To submit form via email, please attach completed form, scanned versions of required attachments, and method of payment to an email, indicate "ATTN: FQA" in the subject field, and transmit to tmfqa@uspto.gov.

Credit card authorization form and instructions are available at www.uspto.gov/web/forms/2038.pdf.

The fee for recordal, renewal and reactivation is currently \$20 per application. Fees are subject to change. If renewal is requested within six months following the expiration of the certificate of recordal, a \$20 surcharge is required. For more information see <http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm> for current USPTO fee schedule.

APPLICATION FOR RECORDAL OF INSIGNIA UNDER THE FASTENER QUALITY ACT

or Renewal/Reactivation of Recordal 15 U.S.C § 5401 *et. seq.* (15 C.F.R. §280.300 *et. seq.*)

page 1 of 3

1 Applicant's Name

If the applicant is an individual, please indicate the applicant's legal name. If the applicant is a corporation, the applicant's name is the name under which the applicant is legally incorporated. If the applicant is a partnership, the applicant's name is the name under which the applicant is legally organized.

For individuals, please enter the last name, first name, and middle name or initial

2 Applicant's Contact Information

Enter the applicant's entire business address, including ZIP or other postal codes. The applicant may designate a correspondence address in the event correspondence should be sent elsewhere.

Note: The recordal applicant or the holder of a Certificate of Recordal must notify the USPTO in writing of any change of address within six (6) months after the change.

Business

<input type="text"/>		
STREET ADDRESS	SUITE	
<input type="text"/>		
CITY	STATE	ZIP CODE
<input type="text"/>		
TELEPHONE	EMAIL	

Correspondence
(if different)

<input type="text"/>		
STREET ADDRESS	SUITE	
<input type="text"/>		
CITY	STATE	ZIP CODE
<input type="text"/>		
TELEPHONE	FACSIMILE	EMAIL

3 Applicant's Legal Entity & Citizenship

If this information is for:

- an individual.** Please enter country of citizenship.
- a partnership.** Please enter the state where legally organized, or country, if appropriate, AND the names and country of citizenship of all general partners.
- a corporation.** Please enter the state, or country, if appropriate, of incorporation.
- other.** Please enter the specific nature of the entity and the state or country, if appropriate, of citizenship.

APPLICATION FOR RECORDAL OF INSIGNIA UNDER THE FASTENER QUALITY ACT

or Renewal/Reactivation of Recordal 15 U.S.C § 5401 *et. seq.* (15 C.F.R. §280.300 *et. seq.*)

page 2 of 3

4 Request for Recordal

The applicant requests the USPTO to assign a unique alphanumeric designation for recordal on the Fastener Insignia Register.

The applicant requests recordal of the mark on the Fastener Insignia Register using the U.S. Registration Number **or** U.S. Serial Number entered below.

The applicant is the owner of the referenced trademark registration or application, which is not cancelled, abandoned, or expired. **A copy of the registration certificate or the drawing in the trademark application is attached.**

U.S. REGISTRATION NUMBER

U.S. APPLICATION SERIAL NUMBER

5 Request for Renewal

A Certificate of Recordal remains “active” for a period of five (5) years from the date of issuance. To maintain active status, a complete renewal application must be **received** in the USPTO within the six (6) months period prior to the expiration of that five year term.

The applicant requests renewal of the applicant’s Certificate of Recordal based on either:

TRADEMARK APPLICATION SERIAL NUMBER

TRADEMARK REGISTRATION NUMBER

ALPHANUMERIC DESIGNATION

A copy of the Certificate of Recordal is attached.

This collection of information is required under 15 U.S.C. § 5401 *et seq.* and 15 C.F.R. § 280.300 *et seq.* The public submits the information in connection with requests to record or renew insignia under the Fastener Quality Act of 1999, and the USPTO uses the information to process these requests.

The time required to complete the form, including gathering information, preparing the form, and submitting the completed requests to the USPTO is estimated to be ten minutes. Time will vary depending on the particular circumstances. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, USPTO, P.O. Box 1450, Alexandria VA 22313-1450.

Do not send fees or completed forms to this address. Send them to: Director, USPTO, ATTN: FQA, 600 Dulany Street, MDE-10A71, Alexandria VA 22314-5793.

Applicant

APPLICATION FOR RECORDAL OF INSIGNIA UNDER THE FASTENER QUALITY ACT

or Renewal/Reactivation of Recordal 15 U.S.C § 5401 *et. seq.* (15 C.F.R. § 280.300 *et. seq.*)

page 2 of 3

6 Request for Reactivation

When a previously recorded alphanumeric designation is assigned to another entity the recordal becomes “inactive” as of the date of the assignment. The new owner of the alphanumeric designation must “reactivate” the designation by filing a new application and requesting reactivation. The assignment documents must also be submitted with the application. Note: Only one recorded alphanumeric designation may be reactivated per application. Where a Certificate of Recordal is based on a trademark application or registration and the underlying application or registration has been assigned, the recordal shall be designated “inactive,” and CANNOT be reactivated. See 15 C.F.R. §280.323(b). The new trademark owner must apply for a new recordal.

The applicant request reactivation of the recorded Alphanumeric Designation listed below. **A copy of the assignment documents are attached.**

ALPHANUMERIC DESIGNATION

7 Verification

The applicant identified below is a manufacturer as defined in 15 U.S.C. §5401. The applicant will comply with the applicable provisions of the Fastener Quality Act (15 U.S.C. §§5401 *et seq.*). The undersigned has knowledge of the facts relevant to the application and possesses the authority to act on behalf of the applicant. The undersigned declares, under penalty of perjury under the laws of the United States of America, that the information and statements included in this application are true and correct.

The prescribed fee must accompany this application. You have three options to submit this form.

1. You may sign this form electronically by typing the applicant’s name in between front-slashes. (example: /John Smith/) and click the submit button to email your information to tmfqa@uspto.gov, if you are paying the prescribed fee with a line for deposit account with the USPTO. Please email us any attachments.
2. You may print, manually sign, and fax this form to 571.273.8950 or print, manually sign, scan, and email all documents to tmfqa@uspto.gov, if you are paying the prescribed fee from a deposit account with the USPTO. You may also fax or email a completed credit card authorization form located at www.uspto.gov/web/forms/2038.pdf.
3. You must print, manually sign, and mail this form if you are paying by check. Please mail the check with this form. Keep a copy for your records.

APPLICANT’S SIGNATURE

PRINT OR TYPE NAME AND POSITION OR TITLE OF SIGNER

DATE

DEPOSIT ACCOUNT INFORMATION (IF APPLICABLE)

Applicant