

Request for Permission to Withdraw as Attorney of Record
(37 C.F.R. §10.40)

TEAS

Version 3.7 : 02/25/2007

Fields containing the symbol "*" **must** be completed; all other relevant fields should be completed if the information is known.

Important: ONCE A WITHDRAWAL OF ATTORNEY IS SUBMITTED ELECTRONICALLY, THE OFFICE WILL IMMEDIATELY PROVIDE THE SENDER WITH AN ELECTRONIC ACKNOWLEDGMENT OF RECEIPT OF THE FORM. Please contact TEAS@uspto.gov within 24 hours of transmission (or by the next business day) if you do not receive this acknowledgment.

Contact Points:

For **general** trademark information, please e-mail TrademarkAssistanceCenter@uspto.gov, or telephone 1-800-786-9199. If you need help in resolving **technical** glitches, please e-mail TEAS@uspto.gov. Please include your telephone number in your e-mail, so we can talk to you directly, if necessary. For **status** information on an application that has an assigned serial number, use <http://tarr.uspto.gov>.

* Instructions

To file the Withdrawal of Attorney Form electronically, please complete the following steps:

1. Fill out all mandatory fields.
2. Validate the form, using the "button" at the end of the form. If there are errors, go back to step 1.
3. Use the Submit button at the bottom of the Validation Screen. You will receive a confirmation screen if your transmission is successful.
4. You will receive an e-mail acknowledgement of your submission.

Filing Information

Serial Number:	-
Mark:	
Location of File:	
Attorney of Record:	
Current Correspondence Information:	Phone: Fax: Email:

** I request to withdraw as the attorney of record for the serial number(s) identified above, for the following reason(s):*

WARNING: If your name does NOT appear in the "Attorney of Record" field displayed above, then you CANNOT use this form; i.e., if a new attorney has already been appointed, and his/her name appears above, filing this form would *incorrectly* change the correspondence address to that of the applicant/registrant. For the same reason, do NOT file this form if you are ending personal representation, yet other members of your firm will continue prosecution, to ensure that the firm's address remains of record.

** Check each box below that is factually correct. WARNING: You may properly file this form ONLY if you are truly entitled to check ALL boxes; otherwise, the form will not validate, and withdrawal is inappropriate.*

- I have given due notice to the applicant/registrant of withdrawal from employment and the filing of this request for withdrawal with the USPTO.
- I have delivered to the applicant/registrant all papers and property in any file concerning the prosecution of the mark.
- I have notified the applicant/registrant of any responses that may be due and the timeframe within which the applicant/registrant must file the response.
- I have given the applicant/registrant notice of withdrawal from employment at least two (2) months prior to the expiration of the response period.

Applicant/Registrant Correspondence Information

NOTE: Filing of this form will automatically delete any e-mail address that was previously authorized for communications with the USPTO. If the applicant or the applicant's newly-appointed attorney wishes to receive future communications from the USPTO via e-mail, the TEAS Change of Correspondence Address form must be used to provide the new e-mail address, as well as the required authorization.

The USPTO will send all future correspondence to the address displayed below, until a new power of attorney or change of correspondence address is filed. If not the most current information, please delete the entry(ies) and type in the applicant's/registrant's proper address.

WARNING: Do NOT use this form to provide information concerning a possible new attorney. Any information for a new attorney must be provided through the Revocation/Appointment of Attorney form.

* Name		
* Address	* Street Address	<input type="text"/> <small>NOTE: You must limit your entry here, and for all remaining fields within this overall section, to no more than 40 characters (the storage limit for the USPTO database). You may need to abbreviate some words, e.g., St. instead of Street. Failure to do so may result in an undeliverable address, due to truncation at the 40 character limit.</small>
	Internal Address	<input type="text"/>
	* City	<input type="text"/>
	State	Select State <input type="text"/>
	* Country	Select Country <input type="text"/>
	Zip/Postal Code	<input type="text"/>
Phone Number	<input type="text"/>	
Fax Number	<input type="text"/>	

Declaration

The undersigned being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001, and that all statements made of his/her own knowledge are true; and that all statements made on information and belief are believed to be true.

Electronic Signature

The form will not be "signed" in the sense of a traditional paper document. To verify the contents of the application, the signatory must enter any alpha/numeric character(s) or combination thereof of his or her choosing, preceded and followed by the forward slash (/) symbol. The USPTO does **not** determine or pre-approve what the entry should be, but simply presumes that this specific entry has been adopted to serve the function of the signature. Most signatories simply enter their names between the two forward slashes, although acceptable "signatures" could include /john doe/; /jd/; or /123-4567/.

* **Signature**

* **Date Signed** (MM/DD/YYYY)

* **Signatory's Name**

* **Signatory's Position**

NOTE: Enter the appropriate title, or the relationship to the applicant(e.g., "Employee"). If an individual, enter "Owner." If an attorney, enter "Attorney of record."

Reset Form

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