

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division

335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No. (808) 586-2727



**ASSIGNMENT OF TRADE NAME, TRADEMARK OR SERVICE MARK**

(Chapter 482, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

1. Assignor's Name (Registrant): \_\_\_\_\_

Assignor's Address: \_\_\_\_\_

(including city, state, and zip code)

2. Status of Assignor (check only one):

Sole Proprietor     Corporation     Partnership     LLC     LLP

Unincorporated Association    **OR**     Other (explain): \_\_\_\_\_

If assignor is an entity, list state or country of incorporation/formation/organization: \_\_\_\_\_

**DOES HEREBY ASSIGN, SELL, TRANSFER, SET OVER, AND CONVEY (TOGETHER WITH ALL GOODWILL AND ALL RIGHTS TO SUE FOR PAST INFRINGEMENT, IF ANY) TO:**

3. Assignee's Name: \_\_\_\_\_

Assignee's Address: \_\_\_\_\_

(including city, state, and zip code)

4. Status of Assignee (check only one):

Sole Proprietor     Corporation     Partnership     LLC     LLP

Unincorporated Association    **OR**     Other (explain): \_\_\_\_\_

If assignee is an entity, list state or country of incorporation/formation/organization: \_\_\_\_\_

5. (a) The trade name, trademark or service mark (line out inapplicable type) being assigned is: \_\_\_\_\_

(b) Certificate Number: \_\_\_\_\_

(c) Classification of trademark or service mark: \_\_\_\_\_

I certify, under the penalties set forth in Section 482-51, Hawaii Revised Statutes, that (check one):

I am the assignor    **OR**

I am the \_\_\_\_\_ (Office Held) of the assignor named in the foregoing application, I am authorized to sign this

Assignment, and that the above statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_ (Print Name)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

SEE INSTRUCTIONS ON REVERSE SIDE. Assignment must be signed by the assignor (registrant).

(DEPARTMENTAL USE ONLY)

**CERTIFICATE OF ASSIGNMENT**

Certificate of Registration \_\_\_\_\_ is hereby assigned to the above-named Assignee, effective \_\_\_\_\_

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
STATE OF HAWAII

Dated: \_\_\_\_\_

**Instructions:** Assignment must be typewritten or printed in **black ink**, and must be **legible**. Signature must be in **black ink**. Submit assignment together with the appropriate fee.

Assignment must be signed by the assignor (registrant) only. For **corporations**, assignment must be signed by an authorized officer of the corporation. For **general or limited partnerships**, assignment must be signed by a general partner. For **LLC**, assignment must be signed by a manager of a manager-managed company or by a member of a member-managed company. For **LLP**, assignment must be signed by a partner.

- Line 1. State the full name of the assignor (the current owner of the registration). State the complete address (including city, state, and zip code) of the assignor.
- Line 2. Check one box to indicate the status of the assignor. If you check "Other," you must explain what type of entity the assignor is.
- If the assignor is a corporation, partnership, or limited liability company, list the state or country in which it was incorporated, formed or organized.
- Line 3. State the full name of the assignee (the one to whom the registration is being assigned). State the complete address (including city, state, and zip code) of the assignee.
- Line 4. Check one box to indicate the status of the assignee. If you check "Other," you must explain what type of entity the assignee is.
- If the assignee is a corporation, partnership, or limited liability company, list the state or country in which it was incorporated, formed or organized.
- Line 5. (a) State the trade name, trademark or service mark to be assigned. If the mark being assigned includes a design, state the complete description of the mark **and** submit a sample of the design which is being assigned.
- (b) State the Certificate No. of the trade name, trademark or service mark being assigned.
- (c) State the classification of the trademark or service mark being assigned.

**Filing Fees:** **Filing fee (\$10.00) is not refundable.** Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee \$25.00.

For any questions call (808) 586-2727. Neighbor islands may call the following numbers followed by 6-2727 and the # sign: Kauai 274-3141; Maui 984-2400; Hawaii 974-4000, Lanai & Molokai 1-800-468-4644 (toll free).

Fax: (808) 586-2733 Email Address: [breg@dcca.hawaii.gov](mailto:breg@dcca.hawaii.gov)

**NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.**

**ALL BUSINESS REGISTRATION FILINGS ARE OPEN TO PUBLIC INSPECTION. (SECTION 92F-11, HRS)**