

STATE OF ALABAMA

**NOTICE OF TRANSFER FOR NAME RESERVATION
CERTIFICATE (Domestic or Foreign)**

PURPOSE: To request a transfer to a name reservation certificate for an existing Name Reservation. You must be the holder of the name listed on the certificate or an officer with the officer’s title if the holder is an entity. Pursuant to Section 10A-1-5.16

INSTRUCTIONS: Mail this completed form with the appropriate fee to the Office of the Secretary of State at **PO Box 5616, Montgomery, AL 36103**. Include a check, money order, or credit card payment for the \$25.00 processing fee. The request is only accepted via mail or courier and will not be accepted via email. Using a credit card and our website, you may file the Notice of Transfer online in the time it takes to type this application. The filing will not be processed if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30. Fee); (will be collected prior to the filing of the entity formation/registration documents if necessary). All processing instructions are complete in this form. This must be filed prior to formation/registration.



(For SOS Office Use Only)

The information completing this form must be typed or the request will be returned without review.

1. A copy of the **existing Name Certificate** **must be attached** to this form.

2. Transfer Name to: Name: _____
Address: _____

The typed name and signature must be the holder of the name listed on the certificate, or an officer with the officer’s title if the holder is an entity.

_____ I certify that I am the designated holder/officer of the name listed on the certificate and have the authority to request that these changes be made to the name reservation certificate.

_____/_____/_____
Date

Name of Holder on Certificate

Typed Name and Title

Signature of Holder /Officer for Entity [10A-1-5.16]

TRANSFER OF NAME RESERVATION CERTIFICATE

Credit Card Payment Option (must be typed and signed):

_____ \$25.00 Processing fee

Card Type: _____ (Visa, MC, Discover & AmEx)

Card Number: _____ Expiration Mo/Yr: _____ / _____

Card Holder Name: _____

Complete Billing Address: _____
Street or PO Box

City

State

Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder

Instructional Information on Processing

Delivery of the Corrected Certificate of Name Reservation:

All documents are mailed standard USPS unless preaddressed envelopes with special postage or overnight courier envelopes are included with the request. Any overnight courier envelopes must have a completed air bill showing NO REFERENCE to the Office of the Secretary of State, with the billing information completed and clearly marked "bill recipient." Air bills not completed in this manner will be discarded and the certificate will be returned standard USPS.