

**STATE OF ALABAMA**

**WITHDRAWAL OF NAME RESERVATION  
CERTIFICATE (Domestic or Foreign)**

**PURPOSE:** To request a withdrawal/cancellation of 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-1-5.14

**INSTRUCTIONS:** Mail this completed form to the Office of the Secretary of State at **PO Box 5616, Montgomery, AL 36103**. The request is only accepted via mail or courier and will not be accepted via email. All processing instructions are complete in this form. This must be filed prior to formation/registration. There is no fee associated with this request.



**(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. Applicants Name: \_\_\_\_\_  
Must be holder/officer on Name Reservation Certificate
3. \_\_\_\_\_ The undersigned certify that the said Name Reservation Certificate once withdrawn/cancelled will not be used for any purposes toward forming or amending an entity. I also acknowledge that the name reservation will be null and void.

**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 the withdrawal/cancellation of the name reservation certificate.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Holder on Certificate

\_\_\_\_\_  
Typed Name and Title

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