

Name Reservation Request Form

Corporations, Limited Partnerships, and Limited Liability Companies

To request the reservation of a corporation, limited partnership or limited liability company name, complete the order form on the following page and attach a check in the amount of \$10.00 (made payable to the Secretary of State). Your request may be submitted:

- **by mail**, along with a self-addressed envelope, to:

Secretary of State
Name Availability Unit
1500 11th Street, 3rd Floor
Sacramento, CA 95814

- **in person** at the Secretary of State's office in Sacramento. Please note, **corporation** names may also be reserved, in person, at any of the Secretary of State's branch offices. Please refer to [Contact Information](#) for office locations and addresses. A special handling fee of \$10.00 is applicable for each name reserved in person. The special handling fee must be remitted by separate check (made payable to the Secretary of State), as it will be retained whether the proposed name is accepted or denied for reservation. The special handling fee is not applicable to requests submitted by mail.

Only one reservation will be made per request form. You may list up to three names, in order of preference, and the first available name will be reserved for a period of 60 days. The remaining names will not be researched.

Email and/or online requests for reservations cannot be accepted at this time.

NAME RESERVATION - ORDER FORM

THE PROPOSED NAME IS BEING RESERVED FOR USE BY:

YOUR NAME:

NAME OF BUSINESS:
(if applicable)

MAILING ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE NUMBER:

FAX NUMBER:

INDICATE TYPE OF ENTITY:
(Choose **only one**)

Corporation

Limited Partnership

Limited Liability Company

NAME TO BE RESERVED (in order of preference)

1st Choice:

For Office Use Only:

() is not available – we have:

2nd Choice:

For Office Use Only:

() is not available – we have:

3rd Choice:

For Office Use Only:

() is not available – we have:

Check here if the proposed name is being reserved for the purposes of reviving a suspended/forfeited entity.

File Number:

Check here if a **counter** reservation is to be mailed back (Please include a self addressed envelope.)

RESERVATION

Reservation Fee (per name request)

\$10.00

SPECIAL HANDLING

Special Handling Fee (per name request – applicable to all over-the counter processing)

\$10.00 *

* The special handling fee must be remitted by separate check, as it will be retained whether the proposed name is accepted or denied for reservation. Please note, the special handling fee is not applicable to requests submitted by mail.

FOR OFFICE USE ONLY

Date:

R# :

Amt Recd: \$

By:

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