



Phone: (503) 986-2317
Fax: (503) 378-6520

Request for Business Name from DMV

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com>

REQUESTER INFORMATION:

Name of Requester: _____

Mailing Address: (Street Address or PO Box) _____

(City, State) _____

(Zip Code) _____

Area Code and Phone Number: _____

DELIVERY: Please choose Delivery Option

Pick-up in person.

Mail to above address.

Fax: (USA Only Area Code & Fax Number) _____

For all overnight/express service delivery, a prepaid airbill must be provided.

EXACT NAME OF BUSINESS AS LISTED ON DMV RECORDS:

Entity Name: _____

PAYMENT - PREPAYMENT REQUIRED - FEES - \$10.00

Make check payable to "Corporation Division", or you may fax this request with payment by VISA or MasterCard to 503-378-6520.

VISA or MasterCard #: _____

Expiration Date: _____

Card Holder Name: _____

Billing Address: _____

City, State, Zip Code: _____

Phone Number: _____

Business Name: _____