

**Oregon Department of Consumer and Business Services
Division of Financial Regulation**

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881
Mailing address: P.O. Box 14480, Salem, OR 97309-0405
503-378-4140 • Fax: 503-947-7862 • <http://dfr.oregon.gov>



REQUEST FOR A CERTIFICATE OF NAME COMPLIANCE
ORS 56.023

1. **The exact business name to be filed with the Secretary of State:** _____
2. **Brief description of the business services to be offered:** _____

3. **Location of the Oregon business office and principal contact:**
Address/city/state/ZIP: _____
Phone: _____
Contact person: _____ Title: _____
4. **If headquartered out of state, address and telephone number of the principal home office:**
Address/city/state/ZIP: _____
Phone: _____
5. **Complete contact information for the principal of the business (name, title, address, phone number):**
Contact person: _____ Title: _____
Address/city/state/ZIP: _____
Phone: _____
6. **Is this a bank or trust company?** Yes No
If yes, explain your proposed business activities: _____
7. **Will this company be offering bank or trust services to the public?** Yes No
If yes, explain your proposed business activities: _____
8. **Email address to which we will send our response:** _____
(Unless otherwise requested, you will receive our response via email only)
9. **Signature of the principal of the business listed in #5:** _____

Please direct your request to: **Division of Financial Regulation
Banks and Trusts Program
P.O. Box 14480, Salem, OR 97301
Fax: 503-947-7862 • Email: banks.trusts@oregon.gov**

Please allow 10 business days from the date of submission for processing.