

**Oregon Department of Consumer and Business Services  
Division of Finance and Corporate Securities**

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://dfcs.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: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Title: \_\_\_\_\_
- 4) If headquartered out of state, address and telephone number of the principal home office:  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
- 5) Complete contact information for the principal of the business: (name, title, address, phone number)  
Contact person: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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) Indicate where we will send our response, by name, phone number, and address:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_
- 9) Signature of the principal of the business listed in #5: \_\_\_\_\_

**Please direct your request to: Division of Finance and Corporate Securities  
Banks and Trusts Program  
P.O. Box 14480, Salem, OR 97301  
Fax: 503-947-7862 • E-mail: [banks.trusts@state.or.us](mailto:banks.trusts@state.or.us)**

