

Instructions for properly completing a Certification Memo

Only use this form if sending to our office by mail or courier service. If you wish to pay by Credit Card or ACH **DO NOT** complete this form. Please use our Document Upload Service located at <https://corp.delaware.gov/document-upload-service-information/>

Submitter's Information

Mark the appropriate priority box. (additional Expedited Cost)

Fees:	Priority 1 (One hr) -	\$1000.00
	Priority 2 (Two hr) -	\$ 500.00
	Priority 3 (Same Day) -	Varies – Please see fee schedule
	Priority 4 (24 hour) -	Varies – Please see fee schedule

Submitter's Information

Completely fill out your individual or business/firm name and complete address. The attention line needs to be completed if a business or firm name is listed. Please include a phone number and/or email address in case our office needs to contact you.

The account number is only to be completed by submitters that have an existing Depository account with the Division of Corporations. Please ignore this field if you do not have a Depository account.

Certification Request Information

Complete the name of the entity and the entity File number. If you do not have the file number, you may leave it blank.

Type of Certificate Request

Please mark the item(s) requested. If you need to specify additional information or instructions, please provide the information in the Comments/Filing Instructions section.

Method of Return Information

All documents are returned Regular Mail or you can provide a Fed-X or UPS account number for express mail. Please mark the appropriate method of return.

Please contact our office at 302-739-3073 with any questions or for verification of fees.

Return forms and memos to:

Delaware Division of Corporations
401 Federal Street - Suite 4
Dover, DE 19901

State of Delaware - Division of Corporations

CERTIFICATION SHEET

Priority 1
(One Hr)

Priority 2
(Two Hr)

Priority 3
(Same Day)

Priority 4
(24 Hour)

Priority 7
(Reg. Work)

<p><u>SUBMITTER'S INFORMATION</u></p> <p>Customer Organization Name: _____ Attention: _____ Return Address _____ City-State-Zip _____ Country _____ Phone: _____ Fax# _____ Email Address: _____ Account Number: _____</p>	<p>DO NOT WRITE IN THIS SPACE</p>
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CERTIFICATION REQUEST INFORMATION

Name of Company/Entity _____
 File Number _____

TYPE OF CERTIFICATE REQUEST

Certified Plain Copy

 All Charter Documents
 Restated forward
 Specific document(s) filed on _____
 Annual Report Years _____

Short Form Good Standing
 (Check if additional language required)

 Incorporation Date
 Taxes Paid
 Annual Reports Filed

Long Form Good Standing
 Certificate in RE _____ (Type of Cert.)

Apostille/Gold Seal Country _____

METHOD OF RETURN
 (Fax or E-Mail is not available)

Messenger/Pick up

Fed Ex UPS

Acct# _____

Regular Mail

COMMENTS/FILING INSTRUCTIONS

Check# _____ Total \$ enclosed _____

If you wish to pay by Credit Card or ACH, please **DO NOT** complete this form. Please submit your request using our new Document Upload Service located at <https://corp.delaware.gov/document-upload-service-information/>

The system will create the cover memo using the information entered at the time of the upload.

- INSTRUCTIONS**
1. Visit <http://corp.delaware.gov/cvrmemo.shtml> for complete instructions on how to properly complete this memo
 2. Fully shade in the required Priority Square using a dark pencil or marker, staying within the square.