



Business Program
 Colorado Secretary of State
 1700 Broadway, Ste. 550 Denver, CO 80290
 Phone: 303-894-2200 Fax: 303-869-4864
 Email: BusinessServicesRequest@coloradosos.gov
 Website: www.coloradosos.gov

Business Services Request Form

This form must be typed. Documents may be submitted by mail, in person at our office, by email, or by fax.

Processing fee: Free

Section 1 – Record Information

Entity name, trade name, or trademark:

Colorado Secretary of State ID number:

Date of formation or registration:

Jurisdiction (if applicable):

Section 2 – Services

Please select the type of service(s) required:

Documents are not legible or not available:

Document 1

Document 2

Document 3

Document(s) from another record are appearing in this record.

Document 1

Document 2

Document 3

The record is missing and needs to be located and rebuilt.

Section 3 – Additional information (if applicable)

Additional information:

Additional information is included in an attachment.

Section 4 – Your contact information

Contact Information:

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Last name | First name | Middle | Suffix |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Address 1

Address 2

| | | |
|----------------------|----------------------|----------------------|
| City | State | ZIP code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|--------------------------|----------------------|
| Province (if applicable) | Country |
| <input type="text"/> | <input type="text"/> |

Email

Phone



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Business Information Survey (Optional)

Submit with your form if you want to add, change, or remove survey information.

Survey information can be added, changed, or removed when you file a form with our office. The information on this survey is associated with the entity's record- it does not become a part of the document that you file with us.

This survey is voluntary. Any information that you enter will be available to the public. The information is being gathered as required by law- see House Bill 13-1167 for information.

Entity information:

ID Number:

Entity name:

Choose one:

1. Remove all survey information from this entity's record.
- OR
2. Add or update the survey information on this entity's record as follows:
- a) Gender
 - Male
 - Female
 - Choose not to answer / Remove this information
 - b) Veteran?
 - Yes
 - No
 - Choose not to answer / Remove this information

c) Person with a disability?

- Yes
- No
- Choose not to answer / Remove this information

d) Race

- African American
- Latino
- Anglo
- Native American
- Asian
- Other
- Choose not to answer / Remove this information

e) NAICS code(s)

Enter up to five. For more information, see the NAICS Association site at <https://www.naics.com/search/>.

NAICS code number 1

NAICS code number 2

NAICS code number 3

NAICS code number 4

NAICS code number 5

Filer's information:

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Last name | First name | Middle | Suffix |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Address 1

Address 2

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