

New Jersey Division of Revenue & Enterprise Services  
**REGISTRATION OF ALTERNATE NAME**

To file electronically:

1. Enter the information requested below and sign by typing your name in the signature field. The form can only be filled in using the free Adobe Acrobat Reader 9.1 or greater. *(See the pages following this form for field by field instructions, and notes on delivery and processing of work requests.)*
2. Click the "Add Attachments" button to add attachments if required *(Check the field by field instructions to see if you must include an attachment(s)).*
3. After the form has been filled in properly, please save a copy to your computer so that you can upload the form to the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application by following the instructions in the next step.
4. Click the "Open the Central Forms Repository Home Page to start the Form Submission Process" button at the bottom of the form. *(This action will launch the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application. If you have not created an account in the application, you will need to do so before using the online Web application. Once your account is created, please login to the application and follow the instructions for submitting your form and payment online.)*

**Check Appropriate Statute:**

Title 14A:2-2.1 (2) New Jersey Business Corporation Act

Title 42:2C-4 Limited Liability Company

Title 15A:2-2-3 (b) New Jersey Nonprofit Corporation Act

Title 42:2A-6 Limited Partnership

Pursuant to the provisions of the appropriate statute, checked above, of the New Jersey Statutes, the undersigned corporation/business entity hereby applies for the registration of an Alternate Name in New Jersey for a period of five (5) years, and for that purpose submits the following application:

1. Name of Corporation/Business: \_\_\_\_\_
2. NJ 10-digit ID number: \_\_\_\_\_
3. State of Original Incorporation/Formation: \_\_\_\_\_
4. Date of Incorporation/Formation: \_\_\_\_\_  
Date of Authorization (Foreign): \_\_\_\_\_
5. Alternate Name to be used: \_\_\_\_\_
6. State the purpose or activity to be conducted using the Alternate Name: \_\_\_\_\_
7. The Business intends to use the Alternate Name in this State.
8. The Business has not previously used the Alternate Name in this State in violation of this Statute, or; if it has, the month and year in which it commenced such use is: \_\_\_\_\_

Signature requirements:

For Corporations

Chairman of the Board., President, Vice-President

For Limited Partnerships

General Partner

For all Other Business Types

Authorized Representative

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

NAME (please type): \_\_\_\_\_

DATE: \_\_\_\_\_



Instructions for form C-150G  
**REGISTRATION OF ALTERNATE NAME**

STATUTORY FEE: \$50.00

The MANDATORY fields are :

***Statutory Authority***

Indicate by checking the appropriate statutory authority.

***Field # 1 -- Business Name***

List the name as it appears on the records of the State Treasurer.

***Field # 2 -- Number***

List the ten-digit ID as it appears on the records of the State Treasurer.

***Field # 3 -- Home Jurisdiction***

List the state, territory, possession, or other jurisdiction or country where the foreign corporation was incorporated.

***Field # 4 -- Dates***

Provide the date on which the corporation was incorporated in the home jurisdiction. If foreign, then list the date the corporation was granted authority in New Jersey.

***Field # 5 -- Alternate Name***

Enter the alternate name that you wish to have registered. Name availability provisions apply. \*\*

\*\*The name must be distinguishable from other names on the State's database. The Division of Revenue will check the proposed name for availability as part of the filing review process. If desired, you can reserve/register a name prior to submitting your filing by obtaining a reservation/registration. For information on name availability reservation/registration services and fees, visit the Division's WEB site at <http://www.state.nj.us/treasury/revenue/certcomm.shtml> or call (609) 299-9292 Monday-Friday, 8:30 a.m. - 4:30 p.m.

***Field # 6 -- Purpose***

State the purpose of the business or the primary type of activity performed by the business, using the alternate name given above.

***Field # 7 -- No entry is required***

***Field # 8 -- Previous Use of Alternate Name***

If the alternate name was previously used, enter the month and year such use commenced.

***EXECUTION (DATE/SIGNATURE)***

Signature requirements are listed. The appropriate person must sign the form. Also, list the execution (signature) date.