



New Recordation

Fields marked with an asterisk (*) are required

Is this application for Copyright or Trademark?

Trademark Copyright *

Registration Number

 *

Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided within the page whenever possible.

PROCEED



Fields marked with an asterisk (*) are required

Title of copyrighted work	
Description of copyrighted work	<input type="text"/> *
U.S. Copyright Office Registration No.	
Date of issuance of copyright registration	
Date of registration expiration	
Name of copyright owner	
Owner Street Address	<input type="text"/> *
Owner City	<input type="text"/> *
Owner State / Province	Select State <input type="text"/> *
Owner Zip Code	<input type="text"/> *
Owner Country	<input type="text"/> *
Owner Telephone Number	(<input type="text"/> <input type="text"/>) - <input type="text"/>
Owner Email address	<input type="text"/>
Retype Owner E-mail Address	<input type="text"/>
Are YOU the Copyright owner?	Yes <input type="radio"/> No <input checked="" type="radio"/> *
	Relationship <input type="text"/> *
	Firm Name/Representative <input type="text"/> *
Name of the contact person to whom CBP should send inquiries regarding potentially infringing merchandise and notices of seizure pursuant to 19 CFR Part 133.	First name: <input type="text"/> *
	Last name: <input type="text"/> *
Address	<input type="text"/> *
Address 2	<input type="text"/>

City	<input type="text"/>	*
State	Select State <input type="text"/>	*
Zip Code	<input type="text"/>	*
Country	<input type="text"/>	*
Telephone Number	(<input type="text"/>) <input type="text"/> - <input type="text"/>	*
Fax number	<input type="text"/>	
Point of contact E-mail Address	<input type="text"/>	*
Retype Point of contact E-mail Address	<input type="text"/>	*
Countries of manufacture of genuine copies or phonorecords of the protected work (Depress and hold the Control (Ctrl) key to select multiple countries.)	<input type="text"/> <ul style="list-style-type: none"> United States Afghanistan Albania Algeria <input type="text"/>	*
Names of all parties authorized to use or reproduce the copyrighted work and the nature of the relationship to the owner(e.g. licensee, subsidiary, manufacturer, etc.)	<input type="text"/>	
The foreign title of the work, if different from the U.S. title	<input type="text"/>	
In the case of an application to record a copyright in a sound recording, a statement setting forth the name(s) of the performing artist(s), and any other identifying names appearing on the surface of the reproduction of the sound recording, or its label or container	<input type="text"/>	
Additional enforcement information to be made available to CBP Officers (such as distribution channels, product construction details etc.)	<input type="text"/>	

Proceed



Upload Image/File

Digital images of the protected mark must be in .jpg, .gif or .pdf format, and must be an accurate depiction of the mark. **Only five images/files may be uploaded, with each image limited to 2MB.** When done uploading ALL images click proceed.

Note: Do not submit images of infringing merchandise through this application.

Upload Image/File:

Browse...

Upload Image/File

When done uploading ALL images/files click proceed:

Proceed



Payment - Total to be remitted: \$190

Fields marked with an asterisk(*) are required

Please Note: you will not be able to return to this screen once you make a selection and click proceed.

Please Choose your Payment Method



Credit Card



Check or Money Order

*

Back

Proceed



System Message

- The system has populated the Payment Date with the next available payment date.

Online Payment

[Return to your originating application](#)

Step 1: Enter Payment Information

1 | 2 | 3

Pay Via Plastic Card (PC) (ex: American Express, Discover, Mastercard, VISA)

Required fields are indicated with a red asterisk *

Account Holder Name: *

Payment Amount: \$190.00

Billing Address: *

Billing Address 2:

City:

State / Province:

Zip / Postal Code:

Country: *

Card Type: *    

Card Number: * (Card number value should not contain spaces or dashes)

Security Code: [Help finding your security code](#)

Expiration Date: * / *

Select the "Continue with Plastic Card Payment" button to continue to the next step in the Plastic Card Payment Process.

Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.



Online Payment

[Return to your originating application](#)

Step 2: Authorize Payment

1 | **2** | 3

Payment Summary [Edit this information](#)

Address Information	Account Information	Payment Information
Account Holder Name: xxxxxx Billing Address: 1 Any Road Billing Address 2: City: Any City State / Province: AL Zip / Postal Code: 23456 Country: USA	Card Type: Visa Card Number: *****1111	Payment Amount: \$190.00 Transaction Date 03/01/2017 10:35 and Time: EST

Email Confirmation Receipt

To have a confirmation sent to you upon completion of this transaction, provide an email address and confirmation below.

Email Address:

Confirm Email Address:

CC:

Separate multiple email addresses with a comma

Authorization and Disclosure

Required fields are indicated with a red asterisk *

I authorize a charge to my card account for the above amount in accordance with my card issuer agreement. *

Press the "Submit Payment" Button only once. Pressing the button more than once could result in multiple transactions.

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Online Payment

Step 3: Confirm Payment

1 | 2 | 3

Thank you.
Your transaction has been successfully completed.
It is recommended you [print a copy](#) for your records.



[Print this window.](#)

Pay.gov Tracking Information

Application Name: Intellectual Property Rights
Pay.gov Tracking ID: XXXXXXXX
Agency Tracking ID: 00000000000000
Transaction Date and Time: 03/01/2017 10:37 EST

Payment Summary

Address Information	Account Information	Payment Information
Account Holder Name: xxxxxx Billing Address: 1 Any Road Billing Address 2: City: Any City State / Province: AL Zip / Postal Code: 23456 Country: USA	Card Type: Visa Card Number: *****1111	Payment Amount: \$190.00 Transaction Date 03/01/2017 10:37 and Time: EST

[Return to your agency website](#)



Thank you for using IPRR

What you can expect:

- An email message acknowledging your e-Recordation application should arrive at the primary email address supplied on the first page of this application.
- If this was a credit transaction, a second email message will arrive confirming the credit transaction.
- You will receive an additional email message when your application has been approved.
- If CBP has any questions concerning your application, we will call or email the point-of-contact listed on the first page of the application.

If you wish to inform us of any potentially infringing merchandise, please contact CBP at iprrquestions@cbp.dhs.gov.

Additional Resources: [CBP.gov web site](#) [Intellectual Property Rights Search](#) [IPR Legal Resources](#)

[HOME](#)

[CLOSE](#)