

OFFICE OF THE DIRECTOR
OFFICE OF ADMINISTRATIVE HEARINGS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the

Service Mark

“ _____ ”

SM-

PETITION FOR REVOCATION OF
SERVICE MARK; VERIFICATION

PETITION FOR REVOCATION OF SERVICE MARK

Petitioner, _____, (“Petitioner”), hereby petitions the
Director of the Department of Commerce and Consumer Affairs, State of Hawai‘i, for
revocation of the service mark “ _____ ”.

1. Petitioner’s principal place of business and telephone number:

2. Petitioner’s service mark is: “ _____ ”.

3. The name and current address of the Respondent (*registrant*):

4. Respondent’s president’s name and current address (*if Respondent is a corporation*):

5. The statutory section relied upon for revocation is/are:

- _____ Hawai‘i Revised Statutes §482-28.5(a)(1) (abandonment);
_____ Hawai‘i Revised Statutes §482-28.5(a)(2) (non-use);
_____ Hawai‘i Revised Statutes §482-28.5(a)(3) (registration improper);

_____ Hawai'i Revised Statutes §482-28.5(a)(4) (fraudulent registration);
_____ Hawai'i Revised Statutes §482-28.5(a)(5) (generic name);
_____ Hawai'i Revised Statutes §482-28.5(a)(6) (likelihood of confusion);
_____ Hawai'i Revised Statutes §482-8(a) (ownership).

6. Respondent was issued the certification of registration for the contested service mark on _____, certificate of registration no. _____.
7. The facts in support of Petitioner's claim for revocation are as follows *(attach additional pages if necessary)*:

WHEREFORE, the Petitioner requests the Director of the Department of Commerce and Consumer Affairs to revoke Certificate of Registration No. _____.

DATED: _____.

Signature of Petitioner

VERIFICATION

In the Matter of the

Service Mark

“ _____ ”

SS.

_____, being first duly sworn, on oath
deposes and says that s/he is the _____ (corporate officer or
legal representative) of _____ (Petitioner),
that s/he has examined the foregoing petition and knows the contents thereof, and that the
facts set forth therein are true to the best of his/her knowledge and belief.

Petitioner's Signature (Must be signed
before a Notary Public)

Petition for Revocation of Service Mark,
dated _____, containing ____ pages.

Subscribed and sworn to before me in the State
of Hawai'i this
_____ day of _____, 20__.

Notary Public's Signature, State of Hawai'i

Notary Public's Printed Name

My commission expires: _____.