

To reserve the exclusive use of an available business entity name for a Virginia business entity, you must file an application for reservation of name with the Clerk's Office. For a foreign business entity, you must file an application for registration of corporate name. This how-to guide will walk you through reserving a business entity name online in the new Clerk's Information System (CIS) <https://cis.scc.virginia.gov/>.

Application for Reservation of Name - Virginia

1 Log on to CIS at <https://cis.scc.virginia.gov/>.

Note: Google Chrome, Internet Explorer or Microsoft Edge are recommended.

2 Click **Online Services** on the top left.

3 Under Business Entities, click **Name Reservations/Registrations/Fictitious Name**.

4 Select **Reserved Name** from the drop-down.

5 Select **Application for Reservation of Name** from the drop-down.

6 Click **Continue**.

7 Review the business entity name information. Then, enter the proposed **Entity Name** and click **Check Availability**.

Note: An entity designator (e.g., LLC, Inc., etc.) is not required here.

8 Click **Next** after "The Name is Available" appears.

9 Enter the **Entity Email Address** and/or **Contact Number** and click **Next**.

Reserve a Name

10 Indicate if you are applying as an **Individual** or **Entity** by checking the appropriate radio button.

11 Complete all fields marked with an asterisk (*) in the **Application Information** section.

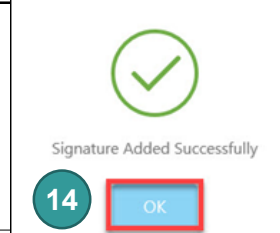
Click **Next**.

12 Indicate if you are signing as an **Individual** or **On Behalf of Business Entity** by checking the appropriate radio button.

Click **Next**.

13 Complete all fields marked with an asterisk (*) in the **Signature Information** section.

Click **Add**.



14 Click **OK** in the pop-up box.

15 The signature information will populate. Click **Next**.

Printed Name	Signature	Title	Action
Teresa Hudgins	Teresa Hudgins	Incorporator	

16 Review each section of the **Application for Reservation of Name**, and make any edits, as necessary.

17 Click **Add To Shopping Cart** on the bottom right.

18 Click **Checkout**.

Document Type	Entity Name	Created Date/Time	Fee	Action
Application for Reservation of Name	TechWriter, Inc.	03/25/2020 04:32 PM	\$10.00	

Reserve a Name

19 Click **Go To Payment**.

Document Type	Entity Name	Created Date/Time	Fee
Application for Reservation of Name	TechWriter, Inc.	03/25/2020 04:32 PM	\$10.00

Grand Total: \$10.00

I acknowledge that I have reviewed all information entered for inclusion in the document(s) I am filing/submitting and confirm the information is accurate and complete. After a filing is completed, inaccurate information can only be corrected by making an additional filing, which will require the payment of additional fees in most cases.

If you do not receive a confirmation page, please use the Feedback button on the home page to let us know.

20 In the Confirmation pop-up window, click **I Agree**.

Note: You will be taken to a site administered by LexisNexis to complete your payment.

21 Enter your **Billing Address** and **Payment Information**, completing all fields marked with an asterisk (*). You must complete the **Captcha** field.

Billing Address

ADDRESS TYPE
 Domestic (US and Puerto Rico) Military (APO/FPO) International (incl. Canada, Mexico)

Billing First Name*
 Billing Last Name*
 Billing Zip Code*
 Billing Address Line1*
 Billing Address Line2
 Billing City*
 Billing State* (AL)
 E-mail*
 Confirm E-mail*
 Phone Number* ((999) 999-9999)

Payment Information

PAYMENT TYPE
 Credit Card Personal Check Business Check

Card Number*
 Expiration Month*
 Expiration Year*
 Security Code*
 We've provided this sample credit card to assist you in finding the security code.
 Captcha* (b8n3y)
 Enter Captcha

22 Click **Continue**.

23 Check the **Acknowledgement** radio button and click **Pay Now**.

Note: Do not close the browser window.

24 You will be directed to a confirmation screen.

Agency Amount \$10.00
 LexisNexis Service Fee \$.00
 Total Amount \$10.00

Billing Address
 Billing First Name: Jane
 Billing Last Name: Doe
 Billing Zip Code: 23219
 Billing Address Line1: 123 Any Street
 Billing Address Line2:
 Billing City: Richmond
 Billing State: VA
 Billing Country: United States of America
 E-mail: jane.doe@gmail.com
 Phone Number: (804) 3719733

Payment Information
Credit Card
 Card Number: *****0248 (MASTERCARD)
 Expiration Date: 03/2022

Payment Authorization
 Total Amount: \$10.00

Acknowledgment
 By checking this box, I am authorizing the payment of the bill amount plus the LexisNexis Service Fee.

Submission Successful

Payment Confirmation Number: 200001998

Document Type	Entity Name	Submitted/Filed Date/Time	Fee	Status
Application for Reservation of Name	TechWriter, Inc.	03/25/2020 04:38 PM	\$10.00	Approved

Total Paid: \$10.00

A PDF copy of your evidence can be accessed from Correspondence or UCC Filing/Business Entity Submissions section of your dashboard.

Application for Registration of Corporate Name - Foreign

1 Log on to CIS at <https://cis.scc.virginia.gov/>.

Note: Google Chrome, Internet Explorer or Microsoft Edge are recommended.

2 Click **Online Services** on the top left.

Dashboard | **Online Services** | Entity Search | Entity FAQs | UCC Search | UCC FAQs | Profile

Reserve a Name

- Under Business Entities, click **Name Reservations/Registrations/Fictitious Name**.
- Select **Registered Name** from the drop-down.
- Select **Application for Registration of Corporate Name** from the drop-down.
- Click **Continue**.
- Review the business entity name information. Then, enter the proposed **Entity Name** and click **Check Availability**.
- Click **No** or **Yes**.

Note: A corporation identifier (e.g., Inc., Corp, etc.) is required for stock corporations.

- Click **Next** after “The Name is Available” appears.
- Enter the **Entity Email Address** and/or **Contact Number**.
- Enter the **Nature of Business**.
- Enter the **Jurisdiction of Formation and Date of Formation** information. You must complete all fields marked with an asterisk (*).
- Enter the **Name in Jurisdiction of Formation** and click **Next**.
- Complete the **Principal Office Address** section and click **Next**.

Business Entities
Name Reservations/Registrations/Fictitious Name
New Businesses
Existing Businesses

NAME RESERVATIONS/REGISTRATIONS/FICTITIOUS NAME
Select a statement that best describes what you want to do:

Name Type: * -- Select --
Reserved Name
Registered Name
Fictitious Name

Name Type: * Registered Name

Filing Type: * -- Select --
Application for Registration of Corporate Name
Application for Renewal of Registered Name
Release of Name Registration

APPLICATION FOR RESERVATION OF NAME
A proposed business entity name must be distinguishable upon the records of the Commission from the names of all active business entities, except general partnerships, and from names that have been designated, registered, or reserved for use by other persons.
A result that a proposed name is distinguishable is not the equivalent of a determination that it is acceptable. For example, an acceptable proposed name must include an appropriate entity designator (e.g., "LLC"), if required, and may not include words and designations that imply the business entity will engage in a particular business activity, unless it will actually conduct such business (e.g., "bank"), or words that are prohibited by law.
For more information, see Business Entity Names FAQs or contact the Clerk's Office at (804) 372-2551, or by email at SCCFile@scc.virginia.gov.

ENTITY NAME CHECK
Entity Name: HelpWrite
Check Availability Clear

Is this a nonstock corporation?
No Yes

ENTITY NAME CHECK
Entity Name: * HelpWrite
Check Availability Clear
The Name is Available
Back Next

APPLICATION FOR REGISTRATION OF CORPORATE NAME
Entity Information
Entity Name: HelpWrite Entity Type: Registered Name
Entity Email Address: Contact Number:
Business Type
Nature of Business:
Jurisdiction of Formation and Date of Formation
Jurisdiction (Country): * United States
Jurisdiction (State): * -- Select --
Date of Formation: *
Name
Name in Jurisdiction of Formation: *
Back Next

Principal Office Address
Attention:
Address Line 1: Address Line 2:
Country: United States Zip Code:
City/Town: State: -- Select --
Back Next

Reserve a Name

15 Indicate if you are applying as an **Individual** or **Entity** by checking the appropriate radio button.

16 Complete all fields marked with an asterisk (*) in the **Correspondent Information** section.

Click **Next**.

17 Upload a supporting document(s). Check the **The uploaded document will act as the filing image** radio button.

Click **Attach** and select the file you want to upload.

Note: When you upload a document, your submission will not be approved in real-time, but instead will be reviewed by the Clerk's Office.

18 Click **Next**.

19 Indicate if you are signing as an **Individual** or **On Behalf of Business Entity** by checking the appropriate radio button.

20 Complete all fields marked with an asterisk (*) in the **Signature Information** section.

Click **Add**.

21 Click **OK** in the pop-up box.

22 The signature information will populate. Click **Next**.

Reserve a Name

- 23 Review each section of the **Application for Registration of Corporate Name**, and make any edits, as necessary.
- 24 Click **Go To Payment Details** on the bottom right.
- 25 Click **Add To Shopping Cart**.
- 26 Click **Checkout**.
- 27 Click **Go To Payment**.
- 28 In the Confirmation pop-up window, click **I Agree**.

Note: You will be taken to a site administered by LexisNexis to complete your payment.

- 29 Enter your **Billing Address** and **Payment Information**, completing all fields marked with an asterisk (*). You must complete the **Captcha** field.
- 30 Click **Continue**.
- 31 Check the **Acknowledgement** radio button and click **Pay Now**.

Note: Do not close the browser window.

- 32 You will be directed to a confirmation screen.

REVIEW OF APPLICATION FOR REGISTRATION OF CORPORATE NAME

Entity Information: Entity Name: HelpWrite, Entity Type: Registered Name, Entity Email Address: helpwrite@scc.virginia.gov, Contact Number: [Redacted]

Business Type: Nature of Business: Consulting on technical writing

Jurisdiction of Formation and Date of Formation: Jurisdiction (Country): United States, Jurisdiction (State): North Carolina, Date of Formation: 03/02/2020

Name: Name in Jurisdiction of Formation: HelpWrite

PAYMENT DETAILS

Document Type	Fee
Application for Registration of Corporate Name	\$20.00
Processing Options	
<input type="checkbox"/> Next Day	\$50.00
<input checked="" type="checkbox"/> Regular	\$0.00
Document Total	\$20.00

SHOPPING

Document Type	Entity Name	Created Date/Time	Fee	Action
Application for Registration of Corporate Name	HelpWrite	03/31/2020 04:28 PM	\$20.00	[Edit] [Delete]

Checkout Add Another Filing

Confirmation

I acknowledge that I have reviewed all information entered for inclusion in the document(s) I am filing/submitted and confirm the information is accurate and complete. After a filing is completed, inaccurate information can only be corrected by making an additional filing, which will require the payment of additional fees in most cases.

If you do not receive a confirmation page, please use the Feedback button on the home page to let us know.

Check **I Agree** **Close**

Go To Payment

Billing Address **Payment Information**

ADDRESS TYPE

Domestic (US and Puerto Rico) Military (APO/FPO) International (including Canada, Mexico)

Billing First Name* [Redacted]
 Billing Last Name* [Redacted]
 Billing Zip Code* [Redacted]
 Billing Address Line1* [Redacted]
 Billing Address Line2 [Redacted]
 Billing City* [Redacted]
 Billing State* AL
 E-mail* [Redacted]
 Confirm E-mail* [Redacted]
 Phone Number* (999) 999-9999

PAYMENT TYPE

Card Personal Check Business Check

Card Number* [Redacted]
 Expiration Month* [Redacted]
 Expiration Year* [Redacted]
 Security Code* [Redacted]

We've provided this sample credit card to assist you in finding the security code.

Captcha* **a2wrc6**
 Enter Captcha [Redacted]

CONFIRMATION

Submission Successful

Payment Confirmation Number: 200004174

Document Type	Entity Name	Submitted/Filed Date/Time	Fee	Status
Application for Registration of Corporate Name	HelpWrite	03/31/2020 04:35 PM	\$20.00	Submitted For Processing
Total Paid:			\$20.00	

A PDF copy of your evidence can be accessed from Correspondence or UCC Filing/Business Entity Submissions section of your dashboard.

Agency Amount	\$20.00
LexisNexis Service Fee	\$.00
Total Amount	\$20.00

Billing Address

Billing First Name: Jane
 Billing Last Name: Doe
 Billing Zip Code: 23219
 Billing Address Line1: 123 Any Street
 Billing Address Line2:
 Billing City: Richmond
 Billing State: VA
 Billing Country: United States of America
 E-mail: jane.doe@gmail.com
 Phone Number: (804) 3719733

Payment Information

Credit Card

Card Number: *****0248 (MASTERCARD)
 Expiration Date: 04/2022

Payment Authorization

Total Amount: \$20.00

Acknowledgment

By checking this box, I am authorizing the payment of the bill amount plus the LexisNexis Service Fee.

Pay Now