

**REGISTRAR OF CORPORATIONS**  
 Department of Commerce  
 COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
 P.O. Box 5795 CHR, 12054 Pohnpei Way Capitol Hill Saipan, MP 96950  
 Tel: (670) 664-8024  
 Web: [www.commerce.gov.mp](http://www.commerce.gov.mp)  
 email: [registrar.reyes@commerce.gov.mp](mailto:registrar.reyes@commerce.gov.mp)

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
 FOREIGN CORPORATION**

**FILING FEE: \$187.50  
 FILE ORIGINAL AND TWO COPIES**

With this application you **must attach** a **Certificate of Good Standing** or Document of similar import duly Authenticated by the Secretary of State or like official of the State or country under whose law it is incorporated, **a filed copy of your articles of incorporation** and the **latest amendments**.

**Name, Mailing and Physical Address of Foreign Corporation**

Name: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 State or Country under whose law it is incorporated: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Period of Duration: \_\_\_\_\_

**Mailing and Physical Address of Corporation's Principal Office**

Mailing Address: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_

**Mailing and Physical Address of Registered Office in the Commonwealth**

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_

**Name of its Registered Agent at the Registered Office**

Name: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_

**LIST OF OFFICERS:** *(If not enough space, attach separate listing.)*

<u>Name</u>	<u>Title/Position</u>	<u>Business Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____


# REGISTRAR OF CORPORATIONS

Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

P.O. Box 5795 CHR, 12054 Pohnpei Way Capitol Hill Saipan, MP 96950

Tel: (670) 664-8024

Web: [www.commerce.gov.mp](http://www.commerce.gov.mp)

email: [registrar.reyes@commerce.gov.mp](mailto:registrar.reyes@commerce.gov.mp)

**LIST OF DIRECTORS:** *(If not enough space, attach separate listing.)*

Name

Business Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**DESCRIPTION OF BUSINESS ACTIVITIES – Describe all lines of business:**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_  
PRINT NAME & TITLE OF PERSON SIGNING  
(Must be Director or Officer of the Corporation)

THE INITIAL ANNUAL REPORT MUST BE FILED WITH THE REGISTRAR OF CORPORATIONS WITHIN SIXTY (60) DAYS AFTER THE CERTIFICATE OF AUTHORITY IS GRANTED.