

Transfer Request for GS1 US Identifiers

Instructions and Form

Use this form to initiate the transfer of any identifier licensed by GS1 US®: GS1 Company Prefix, GS1 US Global Trade Item Number (GS1 US GTIN) or Global Location Number (GLN).

If you need assistance at any point in the process, contact dmaintenance@gs1us.org or +1 937.435.3870 - option 4.

Important Considerations

- Please note that submitting this form and supporting documentation does not guarantee transfer of an identifier. Each request is unique and, in some cases, may take additional time to review.
- A single transfer request can include multiple identifiers as long as:
 The request to transfer all identifiers is just between two companies: the company that currently holds the licenses to the identifiers and the company requesting the licenses to the identifiers moving forward.
- For prefix transfers: A prefix needs to be transferred in its entirety. Partial transfers or splits of prefixes are not permitted.
- For GTIN transfers (product identifiers): A GTIN can only be transferred when not associated with a licensed prefix.
- For GLN transfers (location identifiers): A GLN can only be transferred when not associated with a licensed prefix.
- For visibility into the expected steps and timeline for this process, please visit our website at www.gslus.org/mergers.

Step	Instructions
1	Fill out the form on the next page completely. • Use full legal company names (no DBAs, assumed names, or fictitious names).
2	 Prepare appropriate supporting documentation. This includes an Identifier Release Letter signed by an authorized officer of the company that currently holds the license to the identifiers requested to be transferred. If you cannot get this signed Identifier Release Letter, the identifiers may still be transferred if you provide other legal documentation. Applicable supporting documents include but are not limited to signed transactional documents that evidence the sale of the business, sale of the business line, or merger with another company.
3	Submit your request. • Email the fully completed form and all supporting documents to dmaintenance@gslus.org.
4	Add dmaintenance@gs1us.org to your contacts or safe sender list to ensure GS1 US emails don't get filtered and that you receive all responses and updates.

Transfer Request for GS1 US Identifiers

List the identifier number(s) requested to be transferred			
Identifier number(s)	Legal company name currently licensing the identifier (Do not use DBAs or assumed name)		

Information on the Acquiri	Information on the Acquiring Company (i.e., Company the identifier will be transferred to)					
Legal company name for the company that will receive the identifier license						
Business Address						
City		State:	ZIP:	Country:		
Company Telephone						
Primary Contact: Main point of contact for GS1 US	First Name:		Last Name:		Suffix:	
Title						
Email						
Telephone	Office:		Mobile:			
Is the address for the primary contact the same as the company address? If so, check Yes. Yes						
If not, please provide:						
Business Address						
City		State:	ZIP:	Country:		
	-					

Billing Contact:	Is the billing contact the same as the primary contact? If so, Check Yes.					Yes
Person who will receive billing communications and invoices	First Name:	Li	ast Name:		Suffix:	
Title						
Email						
Telephone	Office:	М	obile:			
Is the address for the billing contact the same as the company address? If so, check Yes.						
If not, please provide:						
Business Address						
City		State:	ZIP:	Country:		

I understand that upon approval of this transfer request, the requested identifier(s) will be transferred in its/their entirety. Upon accepting the terms and conditions of the GS1 US Data Hub* User and Access Agreement, my access to the transferred identifiers is subject to said Agreement.

I represent that each GTIN or GLN in this transfer request has only been used on one product.

In consideration for GS1 US approving this transfer request, I agree to indemnify and hold harmless GS1 US and its officers, employees, directors, representatives, agents, and affiliates from and against any and all claims, losses, settlements, fines, liabilities, damages, deficiencies, costs, or expenses related to the issuance or transfer of the identifier(s) that is/are subject to this request.

I declare and affirm that the statements made herein are true and correct to the best of my knowledge, information, and belief.

Name of the Person Completing This Form		
Company Name		
Title		
Email	Telephone	
/		

Date Form Completed