

Global Location Number (GLN) Transfer Request Form

Use this form to initiate a transfer of a GLN licensed by GS1 US, Inc., in the event of the sale of a business, the sale of a business line, or the merger with another company. This form is only to be used to transfer GS1 US licensed GLNs that are not associated with a licensed GS1 Company Prefix.

Complete and return this form along with all applicable supporting documentation to GS1 US Business Support Services. There are no fees associated with transferring GS1 US licensed GLNs. If you have any questions or concerns, please contact dmaintenance@gs1us.org.

Step	Instructions
1	Complete this form by filling in the fields on the next page to begin a request for a GS1 US licensed GLN Transfer in the event of the sale of a business, the sale of a business line, or the merger with another company.
2	Be sure to include appropriate supporting documentation with this form. The Global Location Number (GLN) Release letter to be submitted along with this form is available via our Identifier Transfer webpage.
3	Please use full legal company name when filling out all forms and letter. Refrain from the use of a DBA (doing business as), an assumed company name, or a fictitious company name.
4	The completed form, along with the supporting documents, can be sent to: Email: dmaintenance@gs1us.org Mail: GS1 US, Inc., 7887 Washington Village Drive, Suite 300, Dayton, Ohio 45459
5	Submitting this form and supporting documentation does not guarantee transfer of GS1 US licensed GLN. Each request is unique and in some cases may take additional time to review and/or additional documentation.
6	For assistance completing this form, contact the GS1 US Business Support Services Team at dmaintenance@gs1us.org or +1 937.435.3870.

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List the Company Prefixes That Need to Be Transferred							
GS1 US Licensed GLN(s)	Legal Company Name the GS1 US Licensed GLN Is Currently Registered to (Please do not use DBAs or assumed name)						

Information on the Acquiring Company (i.e., Company the GLN will be transferred to)								
Legal Company Name the GLN is being transferred to								
Business Address								
City		State:	Zip:	Country:				
Company Telephone								
Primary or Duly Authorized Officer	First Name:		Last Name:		Suffix:			
Title								
Email								
Business Address								
City		State:	Zip:	Country:				
Telephone								
Billing Contact	First Name:		Last Name:		Suffix:			
Title								
Email								
Business Address								
City		State:	Zip:	Country:				
Telephone								
I declare and affirm that the statements made herein are true and correct to the best of my knowledge, information, and belief.								
Name of person completing this form								
Company Name								
Title								
Email	mail Telephone							