

Term of Registration: 2 years

CERTIFICATE OF REGISTRATION AS A PROCESS SERVER
California Business & Professions Code Sections 22350, 22351(a), et seq.

The undersigned declares that:

(Name of Corporation or Partnership)

Is: () a _____ corporation () a partnership at _____
(State of Incorporation)

Registration in Los Angeles County is proper because my principal place of business is located in this County.

If corporation or partnership, have you been organized and in existence continuously for at least one year immediately preceding the filing of this certificate? Or, has a responsible managing employee, partner or officer been previously registered under this chapter?	() YES	() NO
If corporation or partnership, have any officers or general partners ever been convicted of a felony? If yes, attach a copy of a certificate of rehabilitation, expungement or pardon.	() YES	() NO
All applicable officers or general partners will perform his/her/its duties as a process server in compliance with the provision of law governing the service of process in the State of California.	() YES	() NO

() This is page 1 of _____ attached pages of additional partners or corporate officers.

Each of the undersigned declare(s) under penalty of perjury under the laws of the State of California that the foregoing is true and correct except for the personal information contained herein; and, as to that personal information, each declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct only to the extent that it applies to him/her.

- Name: _____ Age: _____ Phone: _____
Dated: _____ Signature: _____
- Name: _____ Age: _____ Phone: _____
Dated: _____ Signature: _____
- Name: _____ Age: _____ Phone: _____
Dated: _____ Signature: _____
- Name: _____ Age: _____ Phone: _____
Dated: _____ Signature: _____

For Official Use Only:	Expiration Date: _____
Permanent ID card mailed: _____	Registration # _____

**DECLARATION OF CORPORATE OFFICERS/GENERAL PARTNER
REGISTRATION AS PROCESS SERVER**

I, _____, declare that I am a
Name of Officer
_____ of _____
Title of Officer Corporation name
and I have never been convicted of a felony.

I further declare that:

My date of birth and age are: _____

My address is: _____

My telephone number is: (_____) _____

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: _____
Date

at _____
Place

Signature of Officer

I, _____, declare that I am a
Name of Officer
_____ of _____
Title of Officer Partnership name
and I have never been convicted of a felony.

I further declare that:

My date of birth and aged are: _____

My address is: _____

My telephone number is: (_____) _____

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: _____
Date

at _____
Place

Signature of Partner

This form must be attached to the Certificate of Registration as Process Server Form.

DECLARATION OF GENERAL PARTNER REGISTRATION AS PROCESS SERVER

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: <u>A1500</u> Type of Application: <u>Process Server</u>	
Job Title or Type of License, Certificate or Permit: <u>Process Server</u>	
Agency Address Set Contributing Agency:	
<u>L.A County RR/CC</u> <small>Agency authorized to receive criminal history information</small>	<u>06126</u> <small>Mail Code (five digit code assigned by DOJ)</small>
<u>12400 E. Imperial Highway, Room 2001</u> <small>Street No Street or P.O. Box</small>	<u>M. Davis</u> <small>Contact Person</small>
<u>Norwalk</u> <u>Ca</u> <u>90650</u> <small>City State Zip Code</small>	<u>(562) 462-3034</u> <small>Contact Telephone No</small>
Name of Applicant: _____ <small>(Please print) Last First MI</small>	
Alias: _____ Driver's License No. _____ <small>Last First</small>	
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Misc. No. <u>Bill-Customer to Pay</u> <small>Agency Billing Number</small>	
Height: _____ Weight: _____ Misc. No: _____	
Eye Color: _____ Hair Color: _____ Home Address _____ <small>Street or P.O. Box</small>	
Place of Birth: _____ <small>City, State and Zip Code</small>	
SOC: _____	
Your Number: _____ Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI <small>OCA No (Agency Identifying No)</small>	
If resubmission, list Original ATI No. _____	
Employer: (Additional response for agencies specified by statute)	
_____ <small>Employer Name</small>	
_____ <small>Street Name</small>	_____ <small>Mail Code (five digit assigned by DOJ)</small>
_____ <small>City State Zip Code</small>	_____ <small>Agency telephone No. (optional)</small>
Live Scan Transaction Completed By: _____ Date: _____ <small>Name of Operator</small>	
_____ <small>Transmitting Agency</small>	_____ <small>ATI No</small>
_____ <small>Amount Collected Billed</small>	

ORIGINAL-Live Scan Operator; SECOND COPY-Requesting Agency; THIRD COPY-Applicant