

STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES

Space below for use of County Clerk

FILING FEES \$200.00 + \$3.00 FOR EACH  
ADDITIONAL PAGE OF BOND

**COUNTY CLERK, COUNTY OF LOS ANGELES**

**CERTIFICATE OF REGISTRATION AS PROFESSIONAL PHOTOCOPIER  
(Corporation, B & P C § 22452 (b))**

The undersigned officers declare as follows:

\_\_\_\_\_ is a corporation  
Name of Corporation \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_

Incorporated under the laws of the State of \_\_\_\_\_  
Said corporation has been incorporated and existing continuously for a period of one year immediately preceding the date of filing of this certificate or an officer listed below has been registered under the provisions of Chapter 20 Division 8 of the Business & Professions Code as a professional photocopier. Said corporation will perform its duties as a professional photocopier in compliance with the provision of law governing professional photocopying in this state.

Name and title of officers of said corporation are as follows: (List each officer and title, use an extra sheet if necessary.)

NAME OF OFFICER	TITLE OF OFFICER	EMAIL:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Expiration Date \_\_\_\_\_ Registration Number \_\_\_\_\_

Bond # \_\_\_\_\_ Registration Date \_\_\_\_\_

**Each officer listed must complete and sign Declaration of Corporate Officer**  
**CERTIFICATE OF REGISTRATION AS PROFESSIONAL PHOTOCOPIER CORPORATION**

**Certificate of Registration as a Professional Photocopier  
Notary Authorization Form**

Per Business and Professions Code, Section 22454, at least one person involved in the management of a professional photocopier shall be required to hold a current commission from the Secretary of the State as a notary public in this state.

Notary Name: \_\_\_\_\_

Notary Commission Number: \_\_\_\_\_

Notary Expiration Date: \_\_\_\_\_

County of Notary Registration: \_\_\_\_\_

**The undersigned declares 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, declares under penalty of perjury under the laws of the State of California that it is true and correct only to the extent that it applies to him/her.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

REGISTRATION NUMBER: \_\_\_\_\_

REGISTRATION ***AND*** BOND EXPIRATION DATE: \_\_\_\_\_

(NOTE: TWO YEARS MINUS ONE DAY FROM EFFECTIVE DATE ON BOND.)

**ADDITIONAL CORPORATE OFFICERS/GENERAL PARTNERS**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_

**DECLARATION OF CORPORATE OFFICERS/GENERAL PARTNER  
REGISTRATION AS PROFESSIONAL PHOTOCOPIER**

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: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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:(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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 Professional Photocopier Form No. F017.  
**DECLARATION OF CORPORATION REGISTRATION AS PROFESSIONAL PHOTOCOPIER**

**County Clerk, County of Los Angeles**  
**Employee Application for Identification Card and Registered Professional Photocopier**

**Employer Section:**

\_\_\_\_\_  
Name of Employer Registered as a Professional Photocopier

Professional Photocopier Registration Information:

\_\_\_\_\_  
Registration Number                      Registration Date                      Expiration Date

Pursuant to Business and Professions Code Section 22457, please issue an Employee ID card to:

\_\_\_\_\_  
Name of Employee                      Email \_\_\_\_\_

Executed on: \_\_\_\_/\_\_\_\_/\_\_\_\_                      at: \_\_\_\_\_, California  
                    Mo.    day    Yr.

Name and signature of Registered Professional Photocopier:

\_\_\_\_\_  
Name of Officer                      Signature of Officer

**Employee Section:**

\_\_\_\_\_  
Name of Employee                      Email: \_\_\_\_\_

I am the employee of the above named Registered Professional Photocopier and will perform my duties in compliance with the provision of the law governing the registration in this state.

Executed on: \_\_\_\_/\_\_\_\_/\_\_\_\_                      at: \_\_\_\_\_, California  
                    Mo.    day    Yr.

\_\_\_\_\_  
Signature of Employee