

State of California
County of Los Angeles

(File Stamp)

Term of Registration: 2 years

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

The undersigned individual declares that:

Name: _____	
Address: _____	
Age: _____	Telephone Number: _____

The filing of this registration in the County of Los Angeles is appropriate because my
() residence or () principal place of business is located in this County.

Have you been a resident of California for at least one year immediately preceding the filing of this certificate?	() YES	() NO
Have you ever been convicted of a felony? If yes, attach a copy of a certificate of rehabilitation, expungement or pardon.	() YES	() NO
Will you perform the duties of a process server in compliance with the provision of law governing the service of process in the State of California?	() YES	() NO

The undersigned declares under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ Signature: _____

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