



COUNTY OF SAN DIEGO

Ernest J. Dronenburg, Jr.

County of San Diego Recorder/County Clerk
1600 Pacific Highway, Suite 260, San Diego, CA. 92101
P.O. Box 121750, San Diego, CA. 92112-1750
(619) 237-0502
www.sdarcc.com

CORPORATE CERTIFICATE OF REGISTRATION AS A PROFESSIONAL PHOTOCOPIER

(Section 22450-22463, Business & Professions Code)

FEE SCHEDULE

- Registration Filing: \$175.00 if not a registered Process Server
\$100.00 if registered as a Process Server
Registration fee includes one (1) Principal ID Card
- Filing Bond: \$15.00 Filing fee
- Recording Bond: \$14.00 (1st page)/ \$3.00 (additional pages)
- Identification Card: \$14.00 Employee ID's/Replacement cards
- Photograph Info: \$5.00 One (1) 1" x 1" for each registrant
NO PASSPORT PHOTOS
- Surety Bond Info: \$5,000 Bond or cash in lieu of (2 Year)

New Filing

OR

Renewal-Previous Filing # _____

Bond No. : _____

Surety Co. : _____

Expiration Date : _____

Type of Identification of provided:

Driver's License State Identification Military ID Passport

[ABOVE SPACE FOR OFFICE USE ONLY]

Note: Employees are not required to file a separate registration, nor post a separate bond. Employee ID cards may be issued for an additional fee.

_____ is a

[Print name of partnership/corporation as it appears on bond]

Partnership or Corporation incorporated in _____ [State]

No general partners or officers have been convicted of a felony

At least one person involved with the management of a professional photocopier holds a **current commission** From the Secretary of State (S.O.S.) as a notary public in CA. Notary must be valid during the entire period that the professional photocopier's certificate of registration is effective. The registrant shall notify the county clerk and provide an updated valid notary commission if the commission expires prior to the expiration of the certificate of registration. If the notary commission is held by someone other than the registrant, written confirmation from the notary authorizing the use of their commission for this registration is required.

Name: _____ Comm. No.: _____ Exp. Date: _____

The name(s), date(s) of birth, and address(es) of the general partner(s)/officer(s) is/are: (All general partners/officers must sign below)

General Partners/Officers	AGE	MAILING ADDRESS, CITY, STATE, ZIP	TELEPHONE

The partnership or corporation will perform its duties as a professional photocopier in compliance with the provisions of law governing the transmittal of confidential documentary information in the State of California. We certify that the foregoing information is true and correct.

Executed at _____ by _____
City & State Date Signature & Title

Executed at _____ by _____
City & State Date Signature & Title

Executed at _____ by _____
City & State Date Signature & Title

Executed at _____ by _____
City & State Date Signature & Title