



COUNTY OF SAN DIEGO

ERNEST J. DRONENBURG, JR.
ASSESSOR/RECORDER/COUNTY CLERK

www.sdarcc.com



ASSESSOR'S OFFICE

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SAN DIEGO, CA 92101-2480
(619) 236-3771 • FAX (619) 557-4056

RECORDER/COUNTY CLERK'S OFFICE

1600 PACIFIC HIGHWAY, SUITE 260
P.O. BOX 121750, SAN DIEGO, CA 92112-1750
(619) 237-0502 • FAX (619) 557-4155

**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
Filing Bond: \$7.00
Recording Bond: \$15.00 (1st page)/ \$3.00 (additional pages)
Identification Card: \$10.00 (card)/ \$10.00 (if photo required)
Photograph Info: One 1" x 1" for each registrant
Surety Bond Info: \$5,000 Bond or cash in lieu of

FEES APPLY TO EMPLOYEE ID CARDS

NO PASSPORT PHOTOS

[FOR OFFICE USE ONLY]

PP No. : _____
PP Exp. Date: _____
Date Filed: _____
Bond No. : _____
Surety Co. : _____

PROCESS SERVER (PS) INFO

PS No. : _____
PS Exp. Date: _____

RENEWAL REGISTRATIONS

Effective Date: _____
Renewal Date: _____

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

partnership 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 shall be required to hold a current commission from the California Secretary of State as a Notary Public. 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 professional photocopier shall maintain a valid notary commission 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.

The names, dates of birth, and addresses of the general partners or officers are:

GENERAL PARTNERS/OFFICERS NAMES	DOB	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 _____
Place Date Signature
Executed at _____ by _____
Place Date Signature