



# 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

## INDIVIDUAL 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.*

[Print name of individual as it appears on bond]

I have **not** been convicted of a felony

At least one person involved in the management 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, date of birth, and address of the individual registrant is:

REGISTRANT	AGE	MAILING ADDRESS, CITY, STATE, ZIP	TELEPHONE

**I will perform my duties as a professional photocopier in compliance with the provisions of law governing the transmittal of confidential documentary information in the State of California. I certify that the foregoing information is true and correct.**

Executed at \_\_\_\_\_ by \_\_\_\_\_  
City & State Date Signature