



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
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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

**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
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: _____

[Print name of individual **as it appears on bond**]

I have not been convicted of a felony

I hold a current commission as a notary public in the State of California

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.

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

The name, date of birth, and address of the individual registrant is:

REGISTRANT	DOB	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 _____
Place Date Signature