



COUNTY OF SAN DIEGO

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

www.sdarcc.com



ASSESSOR'S OFFICE

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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

**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: \$5000 Bond or cash in lieu of

FEE SCHEDULE

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/an)

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

individual partnership corporation incorporated in _____ [State]

I/we have not been convicted of a felony No corporate officer or partner has been convicted of a felony

Said individual, corporation or partnership will perform his/her/their duties as a professional photocopier in compliance with the provisions of law governing the transmittal of confidential documentary information in the State of California.

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 name(s), date(s) of birth, and address(es) of the individual registrant(s) is/are:

REGISTRANT(S) NAME	DOB	MAILING ADDRESS, CITY, STATE, ZIP	TELEPHONE

The undersigned, declares under penalty of perjury under the laws of the State of California, the foregoing information to be true, except for the personal information contained herein; and as to that personal information, he/she declares under penalty of perjury under the laws of the State of California, to be true only to the extent that it applies to him/her.

Executed at _____ by _____
Place Date Signature
Executed at _____ by _____
Place Date Signature