



# 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 PROCESS SERVER

(Section 22350-22360, Business & Professions Code)

### FEE SCHEDULE

Registration Filing: \$100.00 Registration Fee

Filing Bond: \$15.00 Filing Fee

Recording Bond: \$14.00 (1st page)/ \$3.00 (additional pages)

Identification Card: \$14.00 Permanent ID Card

Temporary ID Card-No Fee

Photograph Info: \$5.00 ID Photo

### NO PASSPORT PHOTOS

Surety Bond Info: **\$2,000** Bond/cash in lieu of bond (2Year)

Livescan Service info: Please submit **completed Live Scan** form confirming fingerprint submission to DOJ & FBI for each general partner/officer (Only for new filings or renewals filing after expiration)

New Filing

OR

Renewal-Previous Filing # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Bond Number: \_\_\_\_\_

Surety Company: \_\_\_\_\_

**Note: Employees are not covered under a corporation/partnership registration. Corporate officers or general partners who will be serving process must also file and post bond as "Individual"**

Type of Identification of provided:

Driver's License  State Identification  Military ID  Passport

[ABOVE SPACE FOR OFFICE USE ONLY]

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

Partnership OR  Corporation incorporated in \_\_\_\_\_ [State]

No corporate officer or partner has been convicted of a felony

Said corporation or partnership has been organized and existing continuously for a period of one year immediately preceding the filing of this certificate or an officer/partner has been previously registered under the provisions of Chapter 16, Division 8, of the Business & Professions Code.

Said corporation or partnership will perform his/her/their duties as a process server in compliance with the provisions of law governing the service of process in this state.

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	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 \_\_\_\_\_  
City & State Date Signature & Title

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

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

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