

Business and Professions Code 22351. CERTIFICATE OF REGISTRATION AS A PROCESS SERVER

- (a) The certificate of registration of a registrant who is a natural person shall contain the following:
- (1) The name, age, address, and telephone number of the registrant.
 - (2) A statement, signed by the registrant under penalty of perjury, that the registrant has not been convicted of a felony, or, if the registrant has been convicted of a felony, a copy of a certificate of rehabilitation, expungement, or pardon.
 - (3) A statement that the registrant has been a resident of this state for a period of one year immediately preceding the filing of the certificate.
 - (4) A statement that the registrant will perform his or her duties as a process server in compliance with the provisions of law governing the service of process in this state.
- (b) The certificate of registration of a registrant who is a partnership or corporation shall contain the following:
- (1) The names, ages, addresses, and telephone numbers of the general partners or officers.
 - (2) A statement, signed by the general partners or officers under penalty of perjury, that the general partners or officers have not been convicted of a felony.
 - (3) A statement that the partnership or corporation has been organized and existing continuously for a period of one year immediately preceding the filing of the certificate or a responsible managing employee, partner, or officer has been previously registered under this chapter.
 - (4) A statement that the partnership or corporation will perform its duties as a process server in compliance with the provisions of law governing the service of process in this state.

22351.5 FINGERPRINTS

- (a) At the time of filing the initial certificate of registration, the registrant shall also submit a completed Request for Live Scan form confirming fingerprint submission to the Department of Justice and the Federal Bureau of Investigation, in order to verify that the registrant has not been convicted of a felony.
- (b) If, after receiving the results of the Request for Live Scan, the clerk is advised that the registrant has been convicted of a felony, the presiding judge of the superior court of the county in which the certificate of registration is maintained is authorized to review the criminal record and, unless the registrant is able to produce a copy of a certificate of rehabilitation, expungement, or pardon, shall direct the county clerk to revoke the registration.

How to Register as a Process Server

- Complete the Certificate of Registration.
- Obtain a Bond for Registration from a bonding company. The bond amount is \$2000.00, and it covers the two-year registration period. You may also post \$2000 in cash. The bond should commence the day you register with the County Clerk. Sign the bond when you receive it from the bonding company.
- Present 2 photos, passport-size or smaller, for your identification cards.

File with the County Clerk:

- Submit your completed Certificate of Registration.
- Submit your signed Bond (no copies will be accepted).
- Present your identification. The identification must substantially match the name on application and/or bond.
- Pay the filing and recording fees of **\$134.00** (cash, check, or debit card)
 - Filing fee: **\$107.00**
 - Recording fee for the bond: **\$14.00**
 - Additional pages to be recorded: **\$3.00** per page
 - Fees for issuance of identification card: **\$10.00**
- Fee for issuance of additional identification card is \$10.00

State of California
County of Alameda

MELISSA WILK
Alameda County Clerk-Recorder
1106 Madison Street
Oakland, CA 94607 Phone 510 272-6362

Term of Registration: 2 years (See Reverse for Information)

Registration number: _____

CERTIFICATE OF REGISTRATION AS A PROCESS SERVER
(BUSINESS AND PROFESSIONS CODE SECTION 22351)

The undersigned declares: _____
(Name of Individual/Partnership/Corporation)

is an individual;

If an individual, I have resided in California for 1 year immediately preceding the date of the filing of this certificate and have not been convicted of a felony*.

is a _____ corporation; is a partnership;
(State of incorporation)

If a partnership or corporation, said partnership or corporation has been organized and existing continuously for a period of 1 year immediately preceding the date of filing of this certificate; or a partner or officer listed below has been previously registered as a process server, and no general partner or corporate officer has been convicted of a felony*.

* I have been convicted of a felony and I have attached a copy of the certificate of rehabilitation, expungement, or pardon.

Registration in the County of ALAMEDA is proper because my residence principal place of business is in this County.

I or the partnership or corporation will perform my/its duty as a process server in compliance with the provisions of law governing the service of process in this state.

The name(s), address (es), age(s) and telephone number(s) of the individual, partners or corporate officers are:

Name and Title	Address	Age/DOB	Telephone
1.			
2.			
3.			

This is page 1 of ___ attached pages of additional partners or corporate officers.

Each of the undersigned declare(s) under penalty of perjury under the laws of the State of California that the foregoing is true and correct except for the personal information contained herein; and, as to that personal information, each declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct only to the extent that it applies to him/her.

1. Date: _____ Signature: _____

2. Date: _____ Signature: _____

3. Date: _____ Signature: _____

For Official Use Only: _____ DOJ-Print Report Received-FBI _____ Expiration Date: _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AC 283

PROCESS SERVER

ORI (Code assigned by DOJ)

Authorized Applicant Type

PROCESS SERVER

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

ALAMEDA COUNTY AUDITOR

13389

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

1221 OAK STREET, ROOM 249

L. BRIONES

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)
(510) 272-6362

OAKLAND

CA 94612

Contact Telephone Number

City

State ZIP Code

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex Male Female

Driver's License Number

ft in

Weight lbs

Eye Color

Hair Color

Billing

Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number: N/A

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



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OAKLAND

CA 94612

City

State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height ft in Weight lbs Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: N/A
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

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OAKLAND

CA 94612

(510) 272-6362

City

State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name (AKA or Alias) Last

First

Suffix

Date of Birth

Sex Male Female

Driver's License Number

Height ft in

Weight lbs

Eye Color

Hair Color

Billing Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number: N/A

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
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