



# San Bernardino County Recorder-Clerk

222 W. Hospitality Lane, 1<sup>st</sup> Floor  
San Bernardino, CA 92415-0022  
1-855-REC-CLRK  
[www.sbcountyarc.org](http://www.sbcountyarc.org)

## CERTIFICATE OF REGISTRATION AS A PROCESS SERVER - ADDITIONAL REGISTRANT FORM

(Business and Professions Code Sections 22350-22360)

### FOR COUNTY CLERK USE ONLY

**Registration Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

Please **TYPE** or **Print** legibly in **DARK** ink only.  
Registrant is  A Corporation  A Partnership

**Name of Corporation or Partnership:**

The undersigned corporation or partnership hereby certifies/declares that:

1.  Corporate officers or general partners have ***NOT*** been convicted of a felony.  
 Corporate officers or general partners ***HAVE*** been convicted of a felony; copy of  Rehabilitation  Expungement  Pardon is attached.
2.  As a corporation or partnership, the corporation or partnership has been organized and existing continuously for a period of one year immediately preceding the filing of this certificate or  a responsible managing employee, partner, or officer has been previously registered under this chapter.
3.  Said corporation or partnership will perform their duties as a process server in compliance with the provisions of law governing the service of process in this state.

**The name, title, age, address and telephone number of EACH corporate officer or general partner (B&P 22351). Each of the following declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of their knowledge (signatures of all corporate officers or general partners).**

2) Name	Title	Telephone Number	Age
2) Address – Number and Street	City	State	Zip Code
3) Name	Title	Telephone Number	Age
3) Address – Number and Street	City	State	Zip Code
4) Name	Title	Telephone Number	Age
4) Address – Number and Street	City	State	Zip Code
5) Name	Title	Telephone Number	Age
5) Address – Number and Street	City	State	Zip Code
6) Name	Title	Telephone Number	Age
6) Address – Number and Street	City	State	Zip Code

**Signature is required on Page 1 and any additional pages.**

**Each of the following declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

2) Executed at _____	Place	on _____	Date	_____	Signature of Registrant
3) Executed at _____	Place	on _____	Date	_____	Signature of Registrant
4) Executed at _____	Place	on _____	Date	_____	Signature of Registrant
5) Executed at _____	Place	on _____	Date	_____	Signature of Registrant
6) Executed at _____	Place	on _____	Date	_____	Signature of Registrant