

RETURN ADDRESS

WASHINGTON STATE PROCESS SERVER REGISTRATION

Are you previously registered as a Process Server in this County?

Yes____ No____ Registration Number: _____

I am over 18 years of age and I am competent to be a witness in a court proceeding.
I hereby request to be registered as a Process Server in **KITSAP COUNTY**, Washington.

APPLICANT'S LEGAL NAME

BIRTH DATE

BUSINESS NAME

BUSINESS TELEPHONE NO.

BUSINESS ADDRESS

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I understand that I am required by law to renew this registration within one year of the initial registration or when I change my name, the name of my business, my business address or business telephone number. I further understand that if the renewal is required because of a change in my identifying information, I must renew the registration within ten (10) days of the date the identifying information changes.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed on this ____ day of _____, 20__ in _____, WASHINGTON.

Signature of Applicant _____

