



JORDAN Z. MARKS
ASSESSOR/RECORDER/COUNTY CLERK
COUNTY OF SAN DIEGO
 1600 Pacific Highway, Suite 260
 San Diego, CA 92101-2400
 P.O. Box 121750, San Diego, CA 92112-1750
 (619) 237-0502
 www.sdarcc.gov

**CORPORATE CERTIFICATE
 OF REGISTRATION AS A
 PROFESSIONAL PHOTOCOPIER**
 (Business & Professions Code Sections 22450-22463)

FEE SCHEDULE

Registration Filing: \$175.00 if not a registered Process Server
 \$100.00 if registered as a Process Server
 Registration fee includes one (1) Principal ID Card
 Filing Bond: \$35.00 Filing Fee
 Recording Bond: \$14.00 (1st page)/ \$3.00 (additional pages)
 Identification Card: \$32.00 Employee/Replacement ID Card
 Photograph Info: \$11.00 one (1) 1" x 1" ID Photo
NO PASSPORT PHOTOS
 Surety Bond Info: **\$5,000** Bond/cash in lieu of bond (2 Years)

New Filing
 OR

Renewal-Previous Filing # _____

Surety Company: _____
 Bond Number: _____
 Expiration Date: _____

Type of Identification of provided:
 Driver's License State Identification Military ID Passport

[ABOVE SPACE FOR OFFICE USE ONLY]

Note: Employees are not required to file a separate registration, nor post a separate bond. Employee ID Cards may be issued for an additional fee.

is a

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

Partnership OR Corporation incorporated in _____ [State].

No general partners or officers have been convicted of a felony.

At least one person involved in the management of a Professional Photocopier holds a **current** commission as a Notary Public from the California Secretary of State (S.O.S.). Notary must be valid during the entire period that the professional photocopier's Certificate of Registration is effective. The registrant shall notify the County Clerk and provide an updated valid notary commission if the commission expires prior to the expiration of the Certificate of Registration. 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: _____ Commission Number: _____ Expiration Date: _____

The name(s), age(s), address(es), e-mail address(es), and telephone number(s) of the general partner(s)/officer(s) is/are:
 (All general partners/officers must sign below)

General Partners/Officers	Age	Mailing Address, City, State, Zip Code	E-mail Address	Telephone Number

The partnership or corporation will perform duties as a professional photocopier in compliance with the provisions of law governing the transmittal of confidential documentary information in the State of California. We certify that the foregoing information is true and correct.

Executed at _____ by _____
 City & State Date Signature & Title

Executed at _____ by _____
 City & State Date Signature & Title

Executed at _____ by _____
 City & State Date Signature & Title