

# Certified Process Server APPLICATION



Administrative Office of the Courts

## Certified Process Server

**Please Type or Print in Dark Ink**

**Completed Applications are Subject to Appropriate Public Records Disclosure Law**

LAST NAME	FIRST	MIDDLE	
PAST LEGAL NAME(S) USED, if applicable			
HOME ADDRESS		TELEPHONE NUMBER	
		E-MAIL ADDRESS	
BIRTH DATE	SOCIAL SECURITY #	SEX M OR F	
RACE/ETHNIC GROUP (Please indicate for assistance in completing local, state, federal record searches) Alaskan Native                                  American Indian                                  Black (Non-Hispanic) Hispanic    Pacific Islander                                  White (Non-Hispanic)			
Have you been previously certified in and for Hillsborough County? If yes, when and reason removed		YES or NO	
Have you ever been denied certification in Hillsborough County or another jurisdiction? If yes, when and reason removed		YES or NO	
<b>EDUCATION/TRAINING/SKILLS</b>			
Did you graduate from high school? YES or NO		Date of Graduation	Highest Grade Completed
Name and Location of High School Attended			
High School Equivalent/GED		Date	Source
Name and Location of College/University	Dates Attended	Total Credits	Degree Earned
Name and Location of College/University	Dates Attended	Total Credits	Degree Earned
Name and Location of College/University	Dates Attended	Total Credits	Degree Earned
Occupational/Professional Licenses or Certificates			
Type	Number	Date Obtained	Date Expires
Occupational/Professional Licenses or Certificates			
Type	Number	Date Obtained	Date Expires

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LAST NAME	FIRST	MIDDLE
<b>PUBLIC RECORDS INFORMATION for publication on Certified Process Server List</b>		
Name/Company		
MAILING ADDRESS	TELEPHONE NUMBER	
	E-MAIL ADDRESS OR WEBSITE	
<b>DRIVER/CRIMINAL HISTORY</b>		
Florida Driver's License#	Date Issued	Date Expires
Has your license ever been suspended or revoked?      YES or      NO    If yes, what year?		
Have you ever been convicted of a felony or misdemeanor or are you presently on probation for any criminal offense?      YES or      NO    If yes, record date, charge, court and disposition of case:		
Is there any pending criminal charge against you at this time?      YES or      NO    If yes, explain:		
<b>CITIZENSHIP/RESIDENCY</b>		
Are you a citizen of the United States? YES or      NO	Are you a permanent resident of the State of Florida? YES or      NO	
If ALIEN status, check type of work authorization and record file number:		Verified by AOC Staff Date:
If NATURALIZED status, record the identification number of each of the following: Naturalization Certificate Number:  U.S. Passport Number:  Voter's Registration Number:		Verified by AOC Staff Date:
<b>ARMED SERVICES</b>		
Have you ever been a member of the U.S. Armed Services?      YES or      NO	ACTIVE DUTY DATES: FROM                      TO	
If YES, Type of Discharge:      Honorable      General Other/explain		
<b>LAW ENFORCEMENT</b> (needed to determine appropriate release of application information subject to public records disclosure law)		
Are you now or were you previously a law enforcement officer?		YES or      NO
Are you the spouse of an active or former law enforcement officer?		YES or      NO
Is your mother or father an active or former law enforcement officer?		YES or      NO

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LAST NAME		FIRST	MIDDLE
<b>EMPLOYMENT HISTORY</b> (include five years of information)			
PRESENT EMPLOYER		TYPE OF BUSINESS	
ADDRESS		IMMEDIATE SUPERVISOR	
		TELEPHONE NUMBER	
FROM (Month/Year)	TO (Month/Year)	Hours Worked per Week	
JOB TITLE		REASON FOR LEAVING	
DUTIES			
FORMER EMPLOYER		TYPE OF BUSINESS	
ADDRESS		IMMEDIATE SUPERVISOR	
		TELEPHONE NUMBER	
FROM (Month/Year)	TO (Month/Year)	Hours Worked per Week	
JOB TITLE		REASON FOR LEAVING	
DUTIES			
FORMER EMPLOYER		TYPE OF BUSINESS	
ADDRESS		IMMEDIATE SUPERVISOR	
		TELEPHONE NUMBER	
FROM (Month/Year)	TO (Month/Year)	Hours Worked per Week	
JOB TITLE		REASON FOR LEAVING	
DUTIES			
FORMER EMPLOYER		TYPE OF BUSINESS	
ADDRESS		IMMEDIATE SUPERVISOR	
		TELEPHONE NUMBER	
FROM (Month/Year)	TO (Month/Year)	Hours Worked per Week	
JOB TITLE		REASON FOR LEAVING	
DUTIES			

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LAST NAME	FIRST	MIDDLE

Pursuant to the 13<sup>th</sup> Judicial Circuit Administrative Order No. S-1999-076 relating to Procedures for appointment of Certified Process Servers and under penalty of perjury, I affirm that the information provided herein is true and correct. I do hereby swear and affirm that I am over the age of 18 years and a permanent resident of the State of Florida. I have no mental or legal disability. Within the five (5) years preceding application, I have not been convicted of any felony, and within the five (5) years preceding application, I have not been convicted of a misdemeanor involving moral turpitude or dishonesty or a violation of the laws relating to controlled substances.

I further understand that application information is subject to appropriate public records disclosure law and that as an applicant for Certification as a Process Server, I must attach to this application:

1. A Copy of the Hillsborough Community College Certificate of Completion for the required judicial process server course;
2. A Copy of my valid Florida driver's license or State or Florida Identification Card and Social Security Card;
3. The validated receipt from the Clerk of the Court for payment of a \$100.00 non-refundable application fee;
4. Proof of liability insurance in the amount of \$100,000/\$300,000 (if not attached, must be submitted to the Administrative Office of the Courts by the deadline date provided at the examination);
5. If applicable, alien/naturalization status proof of residency/citizenship.

\_\_\_\_\_  
Signature of Applicant

**Please Submit Completed Application with Attachments to:  
Administrative Office of the Courts  
Certified Process Server  
ATTN: Tonya S. Muhammad  
800 E. Twiggs Street, Room 605G  
Tampa, FL 33602**