



# Certified Process Server APPLICATION



Administrative Office of the Courts

## Certified Process Server

Occupational/Professional Licenses or Certificates Type	Number	Date Obtained	Date Expires

LAST NAME	FIRST	MIDDLE
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### PUBLIC RECORDS INFORMATION for publication on Certified Process Server List

Name/Company

MAILING ADDRESS

TELEPHONE NUMBER

E-MAIL ADDRESS OR WEBSITE

### DRIVER/CRIMINAL HISTORY

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:

### CITIZENSHIP/RESIDENCY

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:

Verified by AOC Staff Date:

Naturalization Certificate Number:

U.S. Passport Number:

Voter's Registration Number:

### ARMED SERVICES

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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		
LAST NAME	FIRST	MIDDLE
<b>EMPLOYMENT HISTORY</b> (include five years of information)		
PRESENT EMPLOYER		TYPE OF BUSINESS
ADDRESS		IMMEDIATE SUPERVISOR
FROM (Month/Year)      TO (Month/Year)		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
FROM (Month/Year)      TO (Month/Year)		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

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		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		

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;

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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.

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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**