

Washington State Process Server Form



Snohomish County Recording
A Division of the Auditor's Office

1. New or Renewal Registration

Are you currently registered as a Process Server in Snohomish County?

Yes No

If yes, what is your registration number: _____

For office use only

2. Applicant Information

Legal Name: _____ Date of Birth: _____

Mailing Address: _____
city state zip

Day Phone: _____ Self-Employed? Yes No

3. Business Information

Business Name: _____

Business Street Address: _____
city state zip

Business Phone: _____

4. Signed Affirmation



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 Snohomish County, Washington.

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 renew is required because of a change in my identifying information, I must renew the registration within ten 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, and I am a resident of the State of Washington, and that I either reside in or operate my principal place of business in this county.

(RCW 36.22.210, RCW 18.180.020)

Signed at _____, on _____ at _____.
city, state date time

signature

Please see reverse side to complete the application.

5. Identification Number

Social Security Number: _____

Collection of social security numbers is required by RCW 26.23.140 as part of the application process for professional licenses. Under RCW 26.23.150, disclosure of social security numbers is prohibited except as required by state and federal law.