

Washington State Process Server Registration



Department of Executive Services
Records and Licensing Services Division
Licensing Services Section
500 Fourth Avenue, Room 403
Seattle, WA 98104-2396
206-263-1982

King County Licensing Use Only	
License Registration No.	
Date Paid	
Receipt No.	
Fee \$10.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check	
Date Issued	
Registration Expires	

Must provide valid photo ID

I am over 18 years of age and am competent to be a witness in a court proceeding. I hereby request to be registered as a process server in King County, Washington.

Legal Name- Type or Print (First, Middle, Last)		
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	WA State Business License - Unified Business Identifier (UBI#) (*If Applicable)
Business Name		
Business Physical Location (# & Street – DO NOT use PO Box or Mail Drop)		
Mailing Address		
Business Telephone ()	Home Telephone ()	Cell Number ()
Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I understand that I am required by law to **RENEW** the registration within **ONE YEAR** of the initial registration and annually thereafter, or when any of the information given above has changed. 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 in which the identifying information changes.

I certify under penalty of perjury under the laws of Washington State that the foregoing is true and correct and that I am a resident of the State of Washington and that I reside in and/or operate my principal place of business in King County

Signed by _____ On _____
(Applicants signature) (Date)

Title _____ Signed at _____
(City, State)

* A Washington State Business License may be required if you meet **1 or more** of the following criteria:

- Your business gross income is over the state threshold per year. (2012 amount is \$12,000)
- You're doing business using a name other than your full legal name.
- You plan to hire employees.

APPLICANT PLEASE COMPLETE PAGE TWO OF THIS FORM

**Collection of social security numbers is required by RCW 26.23.140 as part of the application process for professional licenses. RCW 26.23.150 requires the recording of social security numbers in compliance with federal requirement – Social security numbers collected by licensing agencies shall not be disclosed except as required by state or federal law or under RCW 26.23.120 restricted disclosure.

Social Security Number _____ - _____ - _____

KING COUNTY OFFICE USE ONLY
TYPE OF ID: <input type="checkbox"/> WDL <input type="checkbox"/> WID <input type="checkbox"/> MIL <input type="checkbox"/> OTHER _____ ID# _____