



Washington State Process Server Registration

Auditor's Office Use Only	
License Issued	_____
Receipt #	_____
Date Issued	_____
Expiration Date	_____

Applicant Information

Legal Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Self-Employed? Yes No

Phone Number _____

Business Information

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____

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 Pierce 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 renewal 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. (Per RCW 36.22.210 & 18.180.020)

Signed at _____, on _____
City and State Date

 Signature

Amount Due: \$10
Check one box:
<input type="checkbox"/> Initial Registration
<input type="checkbox"/> Renewal
<input type="checkbox"/> Change of Information

Pierce County Business Licensing
 2401 South 35th St, Rm 200
 Tacoma, Washington 98409-7484
 253-798-7445 | 253-798-2623 fax
www.piercecountyauditor.org

Please see reverse side to complete application.

Social Security Number _____

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