

APPLICATION FOR APPOINTMENT/RENEWAL OF CERTIFIED PROCESS SERVER

The undersigned, _____, applies to the Seminole County Sheriff's Office for appointment as process server pursuant to Administrative Order No. 08-18-S relating to Procedures for Appointment of Certified Process Servers, and states:

I. APPLICATION

1. Name: _____
(First) (Middle) (Last)
2. Social Security Number: _____
3. Race: _____ 4. Sex: _____ 5. Date of Birth: _____
6. Height: _____ 7. Weight: _____ 8. Hair Color: _____ 9. Eye Color: _____
10. Email Address: _____
11. Driver License Number: _____
12. Home Address: _____
(Street)
City: _____ State: _____ Zip: _____
13. Home Telephone: (_____) _____
14. Alternate Telephone: (_____) _____
15. Employer: _____

16. Business Address: _____
(Street)

City: _____ State: _____ Zip: _____

17. Business Mailing Address: _____
(Street or P.O. Box)

City: _____ State: _____ Zip: _____

18. Business Telephone: (_____) _____

19. Name of Supervisor: _____

20. Address of Supervisor: _____
(Street or P.O. Box)

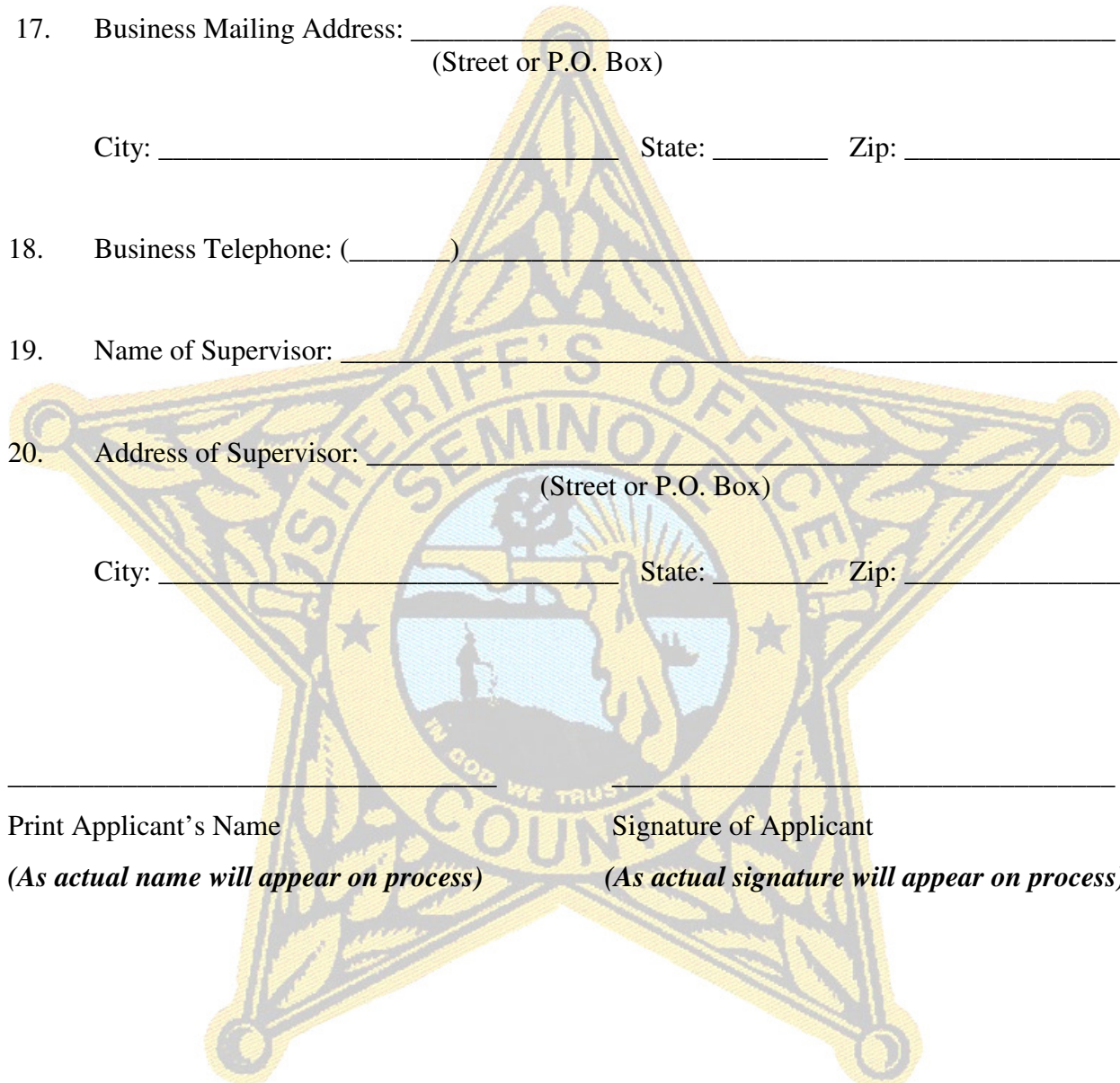
City: _____ State: _____ Zip: _____

Print Applicant's Name

(As actual name will appear on process)

Signature of Applicant

(As actual signature will appear on process)



II. AFFIDAVIT OF AGE, RESIDENCY, AND CRIMINAL RECORD

I do hereby swear or 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. I have not been convicted of any felony within the United States. Within the five (5) years preceding application, I also have not been convicted of a misdemeanor involving moral turpitude or dishonesty or of a violation of the laws relating to controlled substances.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____ 20____

Personally Known: _____

Produced I.D.: _____

Type of I.D.: _____

My Commission Expires:

Notary Public: _____

State of Florida (Printed Name)

Notary Public: _____

(Signature)

(Print, Type, or Stamp Commissioned Name of Notary Public)

III. AFFIDAVIT OF EXPERIENCE

I, _____, as an applicant for an appointment as process server in the Eighteenth Judicial Circuit, do swear or affirm the following:

A. I have _____ years of experience in the service of original process. (Original process means Complaints or Petitions filed in the County or Circuit Court, together with Summons issued by the Clerk. Subpoenas are not original process.)

-AND-

B. I have completed an orientation program conducted by a designated representative of the Seminole County Sheriff's Office in service of process.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20_____.

Personally Known: _____

Produced I.D.: _____

Type of I.D.: _____

My Commission Expires:

Notary Public: _____
State of Florida (Printed Name)

Notary Public: _____
(Signature)

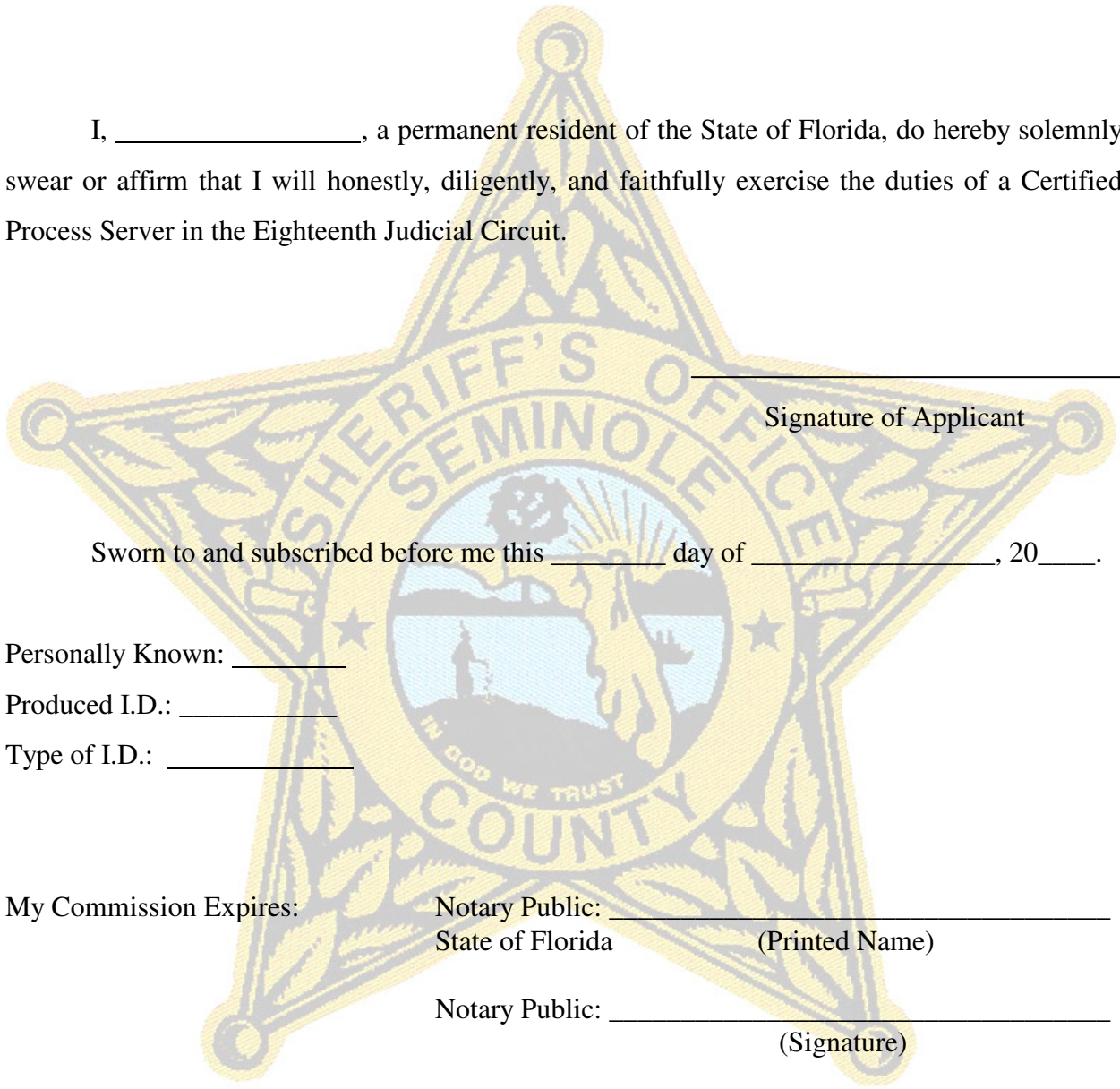
(Print, Type, or Stamp Commissioned Name of Notary Public)

IV. OATH OF OFFICE

State of Florida

County of Seminole and Brevard

I, _____, a permanent resident of the State of Florida, do hereby solemnly swear or affirm that I will honestly, diligently, and faithfully exercise the duties of a Certified Process Server in the Eighteenth Judicial Circuit.



Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20_____.

Personally Known: _____

Produced I.D.: _____

Type of I.D.: _____

My Commission Expires:

Notary Public: _____
State of Florida (Printed Name)

Notary Public: _____
(Signature)

(Print, Type, or Stamp Commissioned Name of Notary Public)

V. CERTIFICATE OF SERVICE

I HEREBY CERTIFY that the original of the foregoing Application for Appointment as Process Server has been furnished this _____ day of _____, 20__, to the Seminole County Sheriff's Office.

VI. PUBLIC RECORD NOTIFICATION

I understand that all documents submitted to be a certified process server are public records and that my name, address, phone number, administrative order number and bond expiration may be published on the Seminole County Sheriff's Office internet home page. (<http://www.seminolesheriff.org>)

Signature of Applicant

Date: _____