

DRIVER/CRIMINAL HISTORY:

Driver's License Number: _____ Date Issued: _____ Date expires: _____

Has your license been suspended or revoked in the last five years? ____ Yes ____ No.

If yes, what year? _____ Explain: _____

Have you ever been convicted of a felony or misdemeanor or are you presently on probation for any criminal offense? _____ Yes _____ No.

If yes, please give record date, charge, court and disposition of case: _____

Are there any pending criminal charges against you at this time ____ Yes ____ No

If yes, explain: _____

DO YOU MEET THE FOLLOWING REQUIREMENTS OF SECTION 48.021 (b), FLORIDA STATUTES (1995)?

1. At least 18 years of age? Age: _____
2. Mental or legal disability? None: _____
3. Are a permanent resident of the State of Florida? ____ Yes ____ No, resident of _____.

ARE YOU A CITIZEN OF THE UNITED STATES? _____ Yes _____ No.

If alien, check which type of work authorization you have:

_____ ALIEN REGISTRATION FORM 1-151

_____ REFUGEE STATUS FORM 1-94

Verified by: _____ Initials _____ Date

If naturalized, record the number of one of the following forms of identification:

NATURALIZATION CERTIFICATE NO.: _____

U.S. PASSPORT NO.: _____

VOTER'S REGISTRATION NO.: _____

(Certificates listed here must be presented when filing this application)

Verified by: _____ Initials _____ Date

HAVE YOU EVER BEEN A MEMBER OF THE U.S. UNIFORMED SERVICES:

_____ YES _____ NO.

TYPE OF DISCHARGE: _____ HONORABLE _____ GENERAL _____
_____ OTHER. If "other", explain: _____

ACTIVE DUTY DATES: Beginning _____ Ending _____

LAW ENFORCEMENT: (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 ____ No

Are you the spouse of an active or former law enforcement officer? ____ Yes ____ No

Is your mother or father an active or former law enforcement officer? ____ Yes ____ No

EDUCATION/TRAINING/SKILLS:

Did you graduate from high school? Yes _____ No _____

If "yes", give date, name and location of school: _____

If "high school equivalent"/ G.E.D., give date and source: _____

If "no," give highest grade completed: _____

COLLEGE/UNIVERSITY NAME AND LOCATION	DATES ATTENDED	DEGREES ATTAINED/ CREDITS RECEIVED
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FORMAL TRAINING, SUCH AS VOCATIONAL, BUSINESS, OR OTHER JOB-RELATED COURSES.

NAME AND LOCATION OF EACH SCHOOL	DATES ATTENDED	SUBJECT STUDIED
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OCCUPATIONAL/PROFESSIONAL LICENSES OR CERTIFICATES:

Type: _____ Number: _____

Date Obtained: _____ Renewal Date: _____

PENDING LICENSE/CERTIFICATE:

Type: _____ Date to be Received: _____

EMPLOYMENT FOR PAST FIVE YEARS (attach additional pages if necessary)

JOB TITLE _____

EMPLOYER: _____

Employer Title

Type of Business

ADDRESS: _____

IMMEDIATE SUPERVISOR: _____ **TELEPHONE NO.:** _____

EMPLOYEMENT PERIOD: From: _____ To _____ **Hours Worked/Week:** _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

JOB TITLE

EMPLOYER: _____

Employer Title

Type of Business

ADDRESS: _____

IMMEDIATE SUPERVISOR: _____ **TELEPHONE NO.:** _____

EMPLOYEMENT PERIOD : From _____ To _____ **Hours Worked/Week:** _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

JOB TITLE

EMPLOYER: _____

Employer Title

Type of Business

ADDRESS: _____

IMMEDIATE SUPERVISOR: _____ **TELEPHONE NO.:** _____

EMPLOYEMENT PERIOD : From _____ To _____ **Hours Worked/Week:** _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

JOB TITLE

EMPLOYER: _____

Employer Title

Type of Business

ADDRESS: _____

IMMEDIATE SUPERVISOR: _____ **TELEPHONE NO.:** _____

EMPLOYEMENT PERIOD : From _____ **To** _____ **Hours Worked/Week:** _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

JOB TITLE

EMPLOYER: _____

Employer Title

Type of Business

ADDRESS: _____

IMMEDIATE SUPERVISOR: _____ **TELEPHONE NO.:** _____

EMPLOYEMENT PERIOD : From _____ **To** _____ **Hours Worked/Week:** _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

Under penalty of perjury, I swear or affirm that the information provided herein is true and correct. I 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 Certification of Completion for required judicial process server course or pre-approved course;**

- (2) A copy of my valid Florida Driver's License of State of Florida Identification Card;
- (3) The validated receipt from the Clerk of the Circuit for payment of a ____ non-refundable application fee;
- (4) If applicable, alien/naturalization status proof of residency/citizenship.

I hereby swear of affirm that I will faithfully discharge the duties imposed upon me as a Certified Process Server I accordance with the law and will abide by and effect service of process in accordance with the applicable Florida Statutes and rules of court.

I understand and agree that as an applicant for the status of Certified Process Server, I will post with the court administrator a bond in the amount of five thousand dollars (\$5,000) in cash or with sureties approved by the court for the benefit of any person injured by me as a result of any wrongful act or omission relating to my activities as a process server

Applicant

SWORN TO AND SUBSCRIBED before me this ____ Day of _____, 20__ by
_____ who is personally known to me produced _____
identification.

NOTARY PUBLIC, STATE OF FLORIDA
My Commission Expires:

CERTIFICATION PROCESS SERVER DESIGNATION PROGRAM

APPLICATION UPDATE

(Information Provided as Addendum to Original Application – Please fully complete each area below)

PRINT/TYPE NAME: (as shown on Identification card) _____
IDENTIFICATION CARD NUMBER: _____

CURRENT HOME ADDRESS: _____
PHONE NO.: _____

CURRENT BUSINESS ADDRESS: _____
PHONE NO.: _____

PUBLIC RECORD INFORMATION: (to be used for Publication on Certified Process List):

Company Name (if any): _____
Address: _____
Phone No.: _____

OTHER NEW INFORMATION: _____

SIGNATURE

DATE

SWORN TO AND SUBSCRIBED before me this _____ Day of _____, 20__ by
_____ who is personally known to me or produced _____
Identification.

NOTARY PUBLIC, STATE OF FLORIDA
My Commission Expires:

STATE OF FLORIDA

COUNTY OF _____

The undersigned, _____, does solemnly swear that (s)he had read and carefully studied Chapter 48, Florida Statutes, as now amended, and is thoroughly familiar with the provisions of Florida law pertaining to service of civil process.

AFFIANT

SWORN TO AND SUBSCRIBED

Before me this ____ Day of _____, 20 ____.

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires: _____

PROCESS SERVER'S BOND

KNOW ALL MEN BY THESE PRESENTS, that we _____
_____ as Principal, and _____
_____ as Surety, are held firmly bound unto the Governor
of the State of Florida for the benefit of any person wrongfully injured by any malfeasance,
misfeasance of negligence of the applicant in connection with the duties as a Process Server, in
the sum of FIVE THOUSAND DOLLARS (\$5, 000.00) lawful money of the United States, for
the payment whereof, we and truly to be made, we bind ourselves, our heirs, executors and
administrators, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION is such that the above-named Principal has
applied for certification as a Process Server by the Chief Judge of the Tenth Judicial Circuit, State
of Florida, and if the above bounden _____ shall faithfully perform
the duties of his said office, as prescribed by law, then this obligation shall be void, otherwise to
remain in full force and effect.

This bond shall be for a period of ONE (1) YEAR and may be renewed, by continuation
certificate.

SIGNED AND SEALED this _____ Day of _____ 20_____.

PRINCIPAL

(SURETY)

BY: _____
Attorney in Fact

OATH OF OFFICE

STATE OF FLORIDA

COUNTY OF _____

I DO SOLEMNLY SWEAR THAT I WILL OBEY THE CONSTITUTION AND LAW OF THE UNITED STATES AND OF THE STATE OF FLORIDA, AND I WILL WELL AND FAITHFULLY DISCHARGE THE DUTIES OF THE OFFICE OF CERTIFIED PROCESS SERVER, OBSERVING AND OBEYING ALL LAWS AND COURT RULES PERTAINING THERETO, AND TO SERVE COURT PROCESS IN ACCORDANCE WITH THE FLORIDA STATUTES.

Signature of Applicant

SWORN TO AND SUBSCRIBED

Before me this _____ Day of _____, 20_____.

NOTARY PUBLIC, STATE OF FLORIDA

My commission Expires: _____

RELEASE OF INFORMATION

I, _____, certify 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 and agree to submit to a background investigation, which shall include the right to obtain and review any criminal record I may have. I authorize the release of all information from any law enforcement agency, medical facility, financial institution, or any other private or government agency to facilitate a background investigation concerning this application for Certified Process Server. I agree that my certification as a Process Server may be revoked at any time if it is determined that I have falsified or misrepresented any part of this application packet or the background information given.

Signature of Applicant

STATE OF FLORIDA

COUNTY OF _____

Acknowledged before me this _____ day of _____ 20____ by
_____ who is personally known to me or has
produced _____ identification.

NOTARY PUBLIC, STATE OF FLORIDA

PROCESS SERVER CERTIFICATION CHECKLIST

Enclosed please find a copy of Administrative Order 1-29.2 and an application packet. If you are applying for re-certification, you must still complete the entire packet. The application packet should be completed and all items on the checklist submitted to the Court Administrator's Office to insure certification in a timely manner.

- _____ Application for appointment as Process Server
- _____ Original \$5, 000.00 Surety Bond Certificate or Original Renewal Certificate.
- _____ \$23.00 Money Order payable to **F.D.L.E.** for records check.
- _____ \$75.00 Processing fee payable to **"Clerk of Courts"**
- _____ Oath of Office
- _____ Release of Information
- _____ Florida Statutes
- _____ Class Certificate
- _____ Agreement Form
- _____ \$5.00 Fee for mandatory I.D. Badge (**wait until application is approved**)

Please return to: Office of the Court Administrator
P.O. Box 9000, Drawer J102
Bartow, FL 33831-9000

OR

Deliver to: Office of the Court Administrator
Suite 9A (the 9th Floor Red Elevator)
Polk County Courthouse
Bartow, Florida