



Washington State Process Server Registration

Fee: \$10.00

Registration Number: _____

Check one box:

- ☐ Initial registration
☐ Renewal
☐ Change of Information

Auditor's Office Use Only

Receipt #: _____

Date Issued: _____

Expiration Date: _____

Applicant Information

Legal Name: _____ Date of Birth: _____

Mailing Address: _____
City State Zip

Phone Number: _____

Social Security Number _____

Self-Employed? ☐ Yes ☐ No

Collection of social security numbers is required by state law (RCW 26.23.140) as part of the application process for professional licenses. Disclosure of social security numbers is prohibited except as required by state or federal law.

Business Information

Business Name: _____

Mailing 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 Thurston 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 (10) 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 that I am a resident of the State of Washington and I either reside in or operate my principal place of business in Thurston County (RCW 36.22.210 & 18.180.020).

Signed at _____, on _____
(City and State) (Date)

(Signature)