

Washington State Process Server Registration Form



Cowlitz County Auditor
207 4th Avenue North
Kelso, WA 98626
(360) 577-3002

Auditor's Office Use Only

License # Issued: _____

Date Issued: _____

Term: One (1) year from issuance

Receipt #: _____

Check one box:

- Initial Registration
- Renewal
- Change in Information
- Expired License # _____

Applicant Information

Legal Name _____ Birth Date _____

Mailing Address _____

Self Employed? YES NO Phone Number _____

Business Information

Business Name _____

Business Address _____

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 Cowlitz County.

I understand that I am required by law to renew this registration within one (1) 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 form within ten (10) days of the date in which 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, that I am a resident of the State of Washington and that I either reside in or operate my principle place of business in this county.

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

Signature _____

Please see reverse side to complete application.

License # _____ Social Security Number _____

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