

WASHINGTON STATE PROCESS SERVER

Lewis County Auditor
PO Box 29
Chehalis, WA 98532
(360) 740-1165

Check one box:

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

Auditor's Office Only

License # Issued _____

Date Issued _____

Term: One (1) year from issuance.

Receipt # _____

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 Lewis County.

Legal Name _____

Birth Date _____

Business Name _____

Business Address _____

Business Phone _____

Self Employed? YES _____ NO _____

I understand that I am required by law to RENEW this registration within ONE 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 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 & correct, that 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.

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

Signature _____

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.)