

**APPLICATION FOR APPOINTMENT/RENEWAL AS 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)

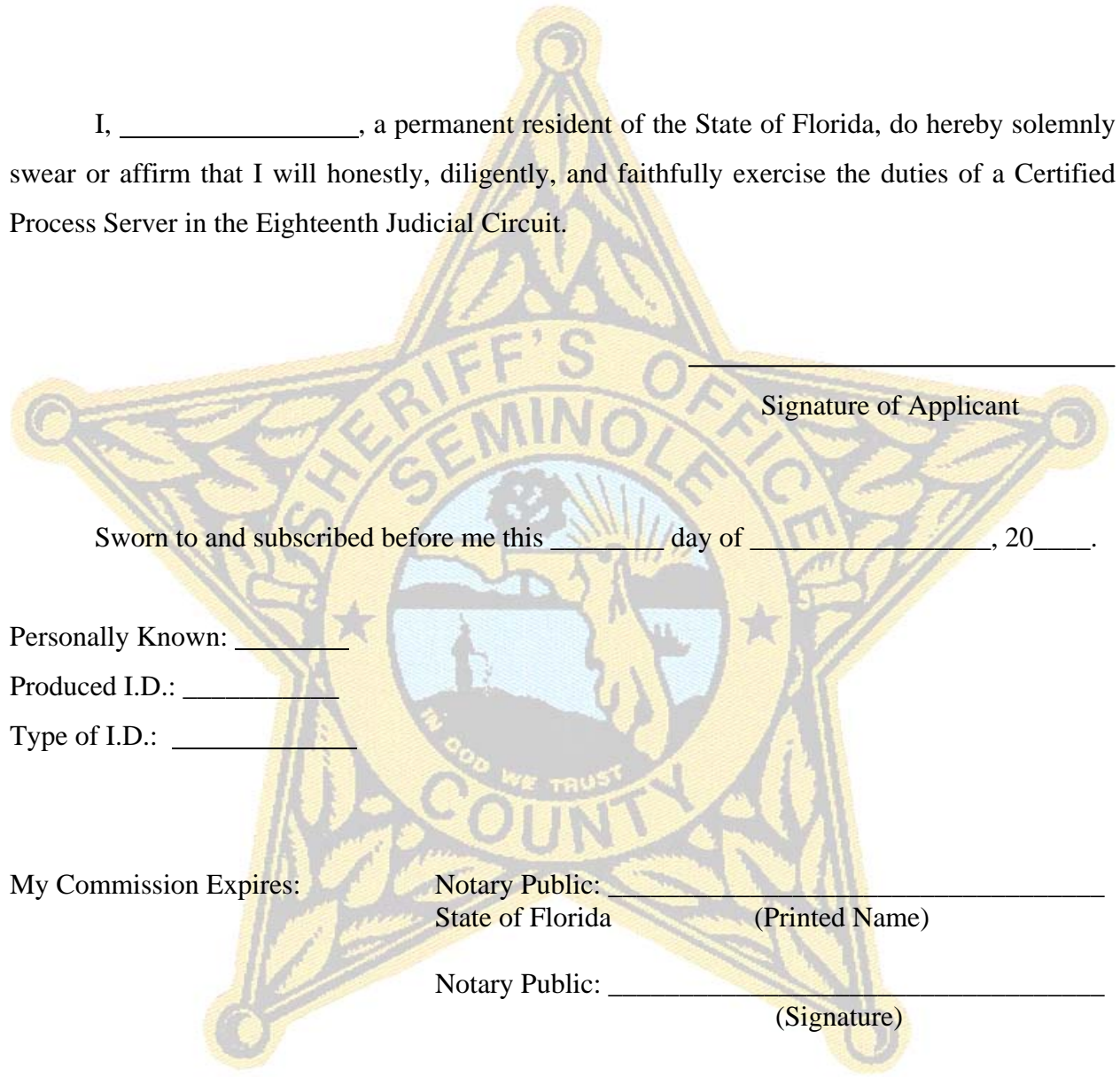
**IV. OATH OF OFFICE**

(TO BE COMPLETED IN CLASSROOM)

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: \_\_\_\_\_