

ALASKA DEPARTMENT OF PUBLIC SAFETY  
RENEWAL APPLICATION FOR CIVILIAN PROCESS SERVER LICENSE

THIS APPLICATION MUST BE TYPED OR PRINTED IN BLACK INK  
**Attach a check or money order for \$25.00 payable to the State of Alaska**

For office use only:

State business license number \_\_\_\_\_ \$25.00 fee Receipt date \_\_\_\_\_ # \_\_\_\_\_

Municipal business license number \_\_\_\_\_ Proof of compliance with surety bond requirements

Application must be received by Permits and Licensing Unit at least 30 days prior to date of expiration to ensure processing prior to current license expiring. Please include current proof of bonding and a copy of your State of Alaska business license.

Date of Application \_\_\_\_\_

1. Name \_\_\_\_\_  
First Name Middle Name Last Name

2. Name of business/agency \_\_\_\_\_

3. Business address \_\_\_\_\_  
Number, Street, City, Zip Code

4. Business mailing address \_\_\_\_\_  
Number, Street, or Post Office Box City Zip Code

5. Business Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

6. Business/agency email address \_\_\_\_\_

7. Personal mailing address \_\_\_\_\_  
Number, Street, or Post Office Box City Zip Code

8. Phone Number and/or Cell Phone Number \_\_\_\_\_

9. Sex  M  F 10. Height \_\_\_\_\_ 11. Weight \_\_\_\_\_ 12. Hair color \_\_\_\_\_ 13. Eye color \_\_\_\_\_

14. Date of birth \_\_\_\_\_ 15. Social Security number \_\_\_\_\_

16. Alaska drivers license number/Identification card number \_\_\_\_\_

17. Are you a citizen of the United States of America?  Yes  No If no, Alien number on Resident Alien Card issued by U.S. Department of Justice Immigration and Naturalization Service.

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

18. Have you been convicted of a felony, a misdemeanor crime involving abuse or assault, or a misdemeanor crime involving dishonesty or fraud preceding the date of this application, by a court of this state, the United States, another state or territory, or the military unless a full pardon has been granted?

If yes, explain charges, places, dates, and decision on a separate sheet of paper and attach to this application.

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19. EMPLOYMENT HISTORY: List all business/agency names that you have worked for during this preceding period of licensing.

<u>Dates of Employment</u>	<u>Employer</u>	<u>Address</u>	<u>Phone</u>
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CERTIFICATION: I swear or affirm that the information I have entered on this application is true to the best of my knowledge. I understand that if I deliberately conceal or enter false information in this form my application may be rejected. I further understand such conduct may be punishable as a crime under Alaska Statute.

I am not doing business under a name that is identical to the name under which a different process server is licensed, or is so similar to it as to create confusion or mislead a reasonable person.

I agree that the Department of Public Safety, or its agents, may contact former employers or other persons who know me in order to obtain additional information about my qualifications.

I am free from any mental or emotional disorder that may adversely affect my performance as a process server.

I have read and understand 13AAC 67.010--13AAC 67.990.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska,

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Clerk of Court, Notary Public or other person authorized to administer oaths.  
My commission expires: \_\_\_\_\_

(Seal)