

ALASKA DEPARTMENT OF PUBLIC SAFETY  
APPLICATION FOR LICENSE AS A CIVILIAN PROCESS SERVER

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**APPLICATION INSTRUCTIONS**

- Application must be filled out completely and typed or printed in black ink. If a section does not apply to you, the applicant, please enter NONE or N/A (Not Applicable). If any section is left blank or is illegible, the application will be considered incomplete and returned to the applicant for processing.
- Application must include:
  - Fingerprints card, filled out completely
  - Payment in the form cash, check, or money order must be included. Checks or money orders must be payable to the State of Alaska (please note fees are non-refundable)
    - Application fee: \$25.00
    - Fingerprint processing fee: \$47.00
  - Proof of Surety Bond (compliant with Alaska Administrative Code 13 AAC 67.920)
  - A copy of the valid Alaska Business License and, if applicable, municipal business license
  - Signature page must be notarized
  - A recent (within 30 days) photograph of the applicant taken from the wait up

**IMPORTANT: THE PERMITS AND LICENSING OFFICE WILL RETURN INCOMPLETE APPLICATIONS OR APPLICATIONS CONTAINING PAYMENTS FORMATTED INCORRECTLY OR MADE OUT FOR THE WRONG AMOUNT.**

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For office use only:

State business license number _____	\$25.00 fee Receipt date _____ # _____
Municipal business license number _____	\$47.00 fee Receipt date _____ # _____

1. Name of person making application \_\_\_\_\_  
First Name Middle Name Last Name
2. Residence address \_\_\_\_\_  
Number, Street City Zip Code
3. Residence telephone number and/or cell phone number \_\_\_\_\_
4. Mailing address \_\_\_\_\_  
Number, Street, or Post Office Box City Zip Code
5. Name of business/agency you will be working for \_\_\_\_\_
6. Business location \_\_\_\_\_ 7. Business Telephone \_\_\_\_\_  
Fax Number \_\_\_\_\_
8. Business mail address \_\_\_\_\_  
Number, Street, or Post Office Box City Zip Code
9. Business e-mail address \_\_\_\_\_
10. Sex  M  F 11. Height ft \_\_\_\_ in \_\_\_\_ 12. Weight \_\_\_\_\_ 13. Hair color \_\_\_\_\_ 14. Eye color \_\_\_\_\_

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15. Date of birth \_\_\_\_\_ 16. Social Security number \_\_\_\_\_

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

18. 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 \_\_\_\_\_

19. Have you been convicted of a felony, a misdemeanor crime involving abuse or assault by a court of this state, the United States, another state or territory, or the military?  
 Yes  No.

20. Have you been convicted of a misdemeanor crime involving dishonesty or fraud as defined in AS 11.46 and AS 11.56 during the 10 years immediately preceding the date of this application, by a court of this state, the United States, another state or territory, or the military? *If yes, you must attach a separate sheet of paper to this application that explains the charges, places, dates, and sentences imposed.*  
 Yes  No

21. Have you ever been denied issuance of an Alaska Civilian Process Server license or have you ever had a license suspended or revoked? *If yes, you must attach a separate sheet of paper to this application that explains charges, places, dates, and decision.*  
 Yes  No

22. Have you resided in the State for at least 30 days immediately preceding the date of this application?  Yes  No

23. **EMPLOYMENT HISTORY:** List of all employment for the five years immediately preceding the date of this application. Start with your present or most recent job and work back. Include full- and part-time work. **Do not leave blank. If this section does not apply to you, please list either NONE or N/A.** Attach a separate sheet of paper if necessary.

Dates of Employment	Employer	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. **REFERENCES:** List the names, addresses, and telephone numbers of at least three persons, at least one of whom is a resident of Alaska (not related to you) who can attest to your good character. **Do not leave blank. If this section does not apply to you, please list either NONE or N/A.**

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

25. List below the names and addresses of all business affiliations of you or your spouse including, but not limited to, ownership rights, stock rights, dividend rights, or other holdings of a financial nature. **Do not leave blank. If this section does not apply to you, please list either NONE or N/A.** Attach a separate sheet of paper if necessary.

Name	Address
_____	_____
_____	_____
_____	_____

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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 understand that a permit eligibility investigation will be conducted as part of the application process which may involve computerized records searches, as well as the submission of my fingerprints for comparison against both State of Alaska and FBI criminal records files. I authorize this investigation.

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

I understand Alaska Administrative Code 13 AAC 67.040 reads: An application is incomplete if it does not include all the information, signatures notarization, and supporting documents required in 13 AAC 67.030, Process server application and supporting documents. If an incomplete application is received by the department, or an application is made on an obsolete form, the department will return the application and all supporting documents to the applicant. If the applicant completes the application process within one year of the date of the initial application, a new application fee is not required. In the absence of special circumstances, the department will consider an application abandoned if the applicant fails to appear for examination at the time fixed without first obtaining a postponement, or the applicant, after two postponements, fails to appear for examination at the time fixed. An abandoned application is denied without prejudice.

I understand all payments submitted with this application must be the exact amount set by the department and in a format that is collectable. Should payment be submitted improperly, the application will be deemed incomplete and returned to the applicant for amendment.

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, \_\_\_\_\_  
(city) (date)

(SEAL)

\_\_\_\_\_  
(Clerk of Court, Notary Public or other person authorized to administer oaths)

My commission expires: \_\_\_\_\_