ALASKA DEPARTMENT OF PUBLIC SAFETY
TRANSFER, REPLACEMENT, AND ADDRESS CHANGE
APPLICATION FOR LICENSE AS A CIVILIAN PROCESS SERVER

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:
  - Proof of Surety Bone (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.

For office use only:
State business license number _____ Proof of compliance with surety bond requirements
Municipal business license number _____

Date of Application _____

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 _____

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 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, unless a full pardon has been granted?
☐ Yes ☐ No

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

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

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 for both State of Alaska and FBI criminal records files. I authorize this investigation.

I am not doing business under a name that is identical to the name under which a different process service 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 people 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.

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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:_____