NYC

Consumer and Worker Protection

42 Broadway
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/dcwp

PROCESS SERVER INDIVIDUAL BACKGROUND INFORMATION FORM

Process Server Individual: _____
Name of License Applicant

Please answer the questions below and attach additional papers as necessary.

1. Has this individual ever held a license or permit issued by the federal, state, or local government?   □ Yes   □ No

   If **Yes**, please complete the information below.

Government Level *(federal, state, or local)*	Name of License or Permit	License or Permit Number

2. Has this individual ever had a license or permit denied, suspended, or revoked?   □ Yes   □ No

   If **Yes**, please complete the information below.

Government Level *(federal, state, or local)*	Name of License or Permit	License or Permit Number

3. Has this individual ever had the renewal of a license or permit denied?   □ Yes   □ No

   If **Yes**, please complete the information below.

Government Level *(federal, state, or local)*	Name of License or Permit	License or Permit Number

4. Has this individual ever operated as a process server under another name? □ Yes   □ No

   If **Yes**, provide all prior names and the dates when they were used below.

Prior Process Server Name	Dates Used

5. Has the validity of any process made, arranged, signed, or notarized by this individual or delegated by this individual to another person ever been challenged for any reason in any legal action or proceeding?   □ Yes □ No

   If **Yes**, please attach to the application a detailed statement identifying the title and index number of the action, the court, the judge, the date of hearing (if any), any finding made by the court (if any), and disposition.

6. Is this individual employed by any firm, government agency, or individual not listed on the application?   □ Yes □ No

   If **Yes**, provide employer information below.

Employer Type *(business firm, government agency, or individual)*	Employer Name	Employer Address

7. Is this individual employed by the City of New York?   □ Yes □ No

By signing below, I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

_____   _____
Signature   *Date*

_____
Print Name