Consumer and Worker Protection

PROCESS SERVING AGENCY COMPLIANCE PLAN AFFIRMATION

Process Serving Agency Name:	
Process Serving Agency DCWP License Number (if applicable):	
Business Address:	

I affirm the following:

- I am the owner (e.g., sole proprietor, general partner, corporate officer, principal, director, member, and/or shareholder owning 10% or more of company stock), and I am authorized to complete and submit this affirmation on behalf of the Process Serving Agency named above.

- The Process Serving Agency named above has adopted a written Compliance Plan to ensure that each individual serving process on behalf of the Agency acts with integrity and honesty and complies with the recordkeeping requirements applicable to process servers.

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

_____ _____

Signature *Print Name*

_____ _____

Print Position/Title, if any *Date*