

PROCESS SERVING AGENCY RECORDKEEPING CERTIFICATION

| Name: | |
|---|--|
| Process Serving Agency DCWP License Number (if applicable): | |
| Business Address: | |
| affirm the following: | |
| member, and/or sharehold | roprietor, general partner, corporate officer, principal, director, er owning 10% or more of company stock), and I am authorized to ertification on behalf of the Process Serving Agency named above. |
| | 3 of the New York City Administrative Code and section 2-233 City of New York (6 RCNY). |
| attempted for at least seve include information require | cy named above will keep electronic records of each process served on (7) years in compliance with 6 RCNY section 2-233(e). Records must be not stated in the New York State General Business Law and 6 RCNY that tampering with electronic records is prohibited. |
| Process Server Individual | cy named above will keep complete and accurate records of each tho serves process on behalf of the Agency. All individuals, including acclusively as employees for the Agency, are listed on the Roster of |
| I understand that falsification imprisonment or both. | n of any statement made herein is an offense punishable by a fine or |
| Signature | Print Name |
| Print Position/Title, if any | |