

Expiration Date _____
Registration Fee \$ _____
Registration No. _____
Bond Effective Date _____
Bond Termination Date _____

APPLICATION FOR REGISTRATION AS A PROFESSIONAL PHOTOCOPIER
(Business and Professions Code Sections 22450 et seq.)

The undersigned declare(s):

I am a resident of the County of Humboldt, State of California, and/or my principal place of business is in the County of Humboldt, State of California.

I am:

_____ an **INDIVIDUAL**.

I hold a current commission from the Secretary of State as a Notary Public.

Name on Commissions _____.

Commission Number _____ Expiration Date _____.

I have not been convicted of a felony.

OR

_____ a **CORPORATION** or _____ a **PARTNERSHIP**.

At least one person involved in the management of the professional photocopier is a Notary Public holding a current commission from the Secretary of State.

Name of the person holding the Commission _____.

Commission Number _____ Expiration Date _____.

No corporate officer or partner has been convicted of a felony.

Said individual, corporation, or partnership will perform his/her/its duties as a professional photocopier in compliance with the provisions of law governing the transmittal of confidential documentary information in this state.

The names(s), ages(s), address(es) and telephone number(s) of the individual/general partners/corporate officers are:

NAME (& Title)	AGE	ADDRESS	TELEPHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Each of the undersigned declared under penalty of perjury the foregoing to be true except for the personal information contained herein; and as to that personal information, each declares under penalty of perjury to be true only to the extent that it applies to him.

Executed at _____	on _____	_____
(Place)	(Date)	(Signature of Declarant)
Executed at _____	on _____	_____
(Place)	(Date)	(Signature of Declarant)
Executed at _____	on _____	_____
(Place)	(Date)	(Signature of Declarant)
Executed at _____	on _____	_____
(Place)	(Date)	(Signature of Declarant)