

**CLERK OF THE COURT**  
**SUPERIOR COURT OF ARIZONA**

MOHAVE COUNTY  
 401 East Spring Street  
 PO Box 7000  
 Kingman, Arizona 86401

**PRIVATE PROCESS SERVER APPLICATION**

Any willful omission or misrepresentation of any fact required to be disclosed in this application or any accompanying statement is a ground for refusing to issue or renew a certificate or for revoking a certificate.

<b>INSTRUCTIONS:</b> 1. Application must be printed in ink or typed. 2. Complete ALL PAGES of this application and fulfill all other requirements mentioned in the instructions. 3. Mail or return completed application and application fee to: Clerk of Superior Court, Attn: Private Process Server Certification, P.O. Box 7000, Kingman, Arizona 86402
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**SECTION I: APPLICANT INFORMATION**

Type of Application: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal	Legal Last Name:	Legal First Name:	Middle Initial
Arizona Driver's License Number:		Expiration Date:	
Home Address: Street:		City:	State: AZ      Zip:
Mailing Address:		City:	State: AZ      Zip:
Business Address: Street:		City:	State: AZ      Zip:
Home Phone Number: (      )		Business Phone Number: (      )	
Business E-Mail Address:		County of Residence:	Date of AZ Residency:
Date of Birth:		Place of Birth:	Social Security #:
Hair Color:	Eye Color:	Weight:	Height:
<input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	

**SECTION II: EDUCATION**

Name of High School:	Address:	Year of Graduation:
Name of Trade School/College:	Address:	Year of Graduation:

**SECTION III: WORK EXPERIENCE – List all positions held during the last three years – use additional pages if necessary.**

Company Name and Mailing Address:	
Supervisor's Name & Title	Supervisor's Phone #
Position Held:	From: Month _____ Year _____ To: Month _____ Year _____
Reason for Leaving:	
Company Name and Mailing Address:	
Supervisor's Name & Title:	Supervisor's Phone #
Position Held:	From: Month _____ Year _____ To: Month _____ Year _____
Reason for Leaving:	
Company Name and Mailing Address	
Supervisor's Name & Title:	Supervisor's Phone #
Position Held:	From: Month _____ Year _____ To: Month _____ Year _____
Reason for Leaving	
Company Name and Mailing Address	
Supervisor's Name & title:	Supervisor's Phone #
Position Held:	From: Month _____ Year _____ To: Month _____ Year _____
Reason for Leaving:	
Company Name and Mailing Address	
Has Any Company Ever Refused to Bond You? Yes _____	No _____
If Yes, Please Explain:	



**SECTION V: GENERAL INFORMATION**

Have you ever served process in another state?  If yes: State: _____ County: _____ Dates: From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you taken a private process server test in this state in the past three months? If yes: County: _____ Date: _____ Test Score: _____ Passed? <input type="checkbox"/> Failed? <input type="checkbox"/>  Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be self-employed? If no:  Name of Employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:  Telephone #.	
Why do you want to be a process server? Attach your response to this application.	

**SECTION VI: AUTHORIZATION AND RELEASE**

Having filed this application, I hereby consent to having an investigation made of my moral character, professional reputation, and fitness for private process server certification. I agree to give any further information, which may be required in reference to my past or current record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association, or institution having control of any documents, records, and other information including documents, records, charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, to permit the Private Process Server Certification Program, the Clerk of the Superior court, all agents or representatives, the Presiding judge or designee, to inspect and make copies of such documents, records, and other information.

I release, discharge, and exonerate the Private Process Server Certification Program, the Clerk of the Superior Court, all agents and representatives, the Presiding Judge or designee, the State of Arizona, and any person furnishing information pursuant to this Authorization and Release from all liability which may arise from the investigation made by the Private Process Server Certification Program, the Clerk of the Superior court, all agents and representatives, the Presiding Judge or designee.

I agree to be fingerprinted and authorize the release of all information to the Private Process Server Certification Program, the Clerk of the Superior Court, all agents or representatives, and the Presiding Judge or designee.



**REFERENCE FORM FOR PRIVATE PROCESS SERVER**

The following questions pertain to \_\_\_\_\_, who is applying to be a private process server. This individual has selected you as a reference. Please provide complete and accurate answers to the questions asked below.

You may give this to the applicant or deliver it or mail it to the Clerk of the Superior Court at the address listed below. (The form may also be dropped off at the Lake Havasu or Bullhead City Branch Courts)

The application cannot be completed without this reference form.

Your Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

How long have you know the applicant? \_\_\_\_\_

What is your relationship with the applicant? (Friend, Neighbor, Co-worker...)  
\_\_\_\_\_

Are you aware of any reason why this court should not grant approval for this applicant to be a private process server? YES or NO (Please circle)

IF YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that this reference form is complete and accurate to the best of my knowledge and belief.

I understand my answers may be verified by court personnel.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Return this form to the applicant or deliver/mail it to:

Clerk of the Superior Court  
P.O. Box 7000  
401 East Spring Street  
Kingman, AZ 86402

**REFERENCE FORM FOR PRIVATE PROCESS SERVER**

The following questions pertain to \_\_\_\_\_, who is applying to be a private process server. This individual has selected you as a reference. Please provide complete and accurate answers to the questions asked below.

You may give this to the applicant or deliver it or mail it to the Clerk of the Superior Court at the address listed below. (The form may also be dropped off at the Lake Havasu or Bullhead City Branch Courts)

The application cannot be completed without this reference form.

Your Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

How long have you know the applicant? \_\_\_\_\_

What is your relationship with the applicant? (Friend, Neighbor, Co-worker...)

\_\_\_\_\_

Are you aware of any reason why this court should not grant approval for this applicant to be a private process server? YES or NO (Please circle)

IF YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that this reference form is complete and accurate to the best of my knowledge and belief.

I understand my answers may be verified by court personnel.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Return this form to the applicant or deliver/mail it to:

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