



County of Santa Clara
 Office of the County Clerk-Recorder
 Business Division
 County Government Center
 70 West Hedding Street, E. Wing, 1st Floor
 San Jose, CA 95110 (408) 299-5688

Space above for County Clerk use only

**CERTIFICATE OF REGISTRATION AS A
 PROFESSIONAL PHOTOCOPIER COUNTY OF SANTA CLARA**
 (BUSINESS AND PROFESSIONS CODE SECTION 22450-22463)

Please **TYPE** or **PRINT** legibly and firmly in **BLACK** ink. Neither the County Clerk nor his deputies are permitted by law to give legal advice and/or assistance. This filing will become a public record and there are no refunds.

Registration Number: _____
 If a renewal, a new # must be assigned if there is a lapse of three years or more in the period of registration.

Expiration Date: _____
 Two years from date of filing or bond expiration.

**STATE OF CALIFORNIA
 COUNTY OF SANTA CLARA**

THE UNDERSIGNED _____
 (NAME OF INDIVIDUAL/CORPORATION/PARTNERSHIP/OTHER BUSINESS ENTITY)

(CHECK ONE OF THE FOLLOWING)

AN INDIVIDUAL A CORPORATION (INCORPORATED IN _____)
 A PARTNERSHIP OTHER _____ (PLEASE BE SPECIFIC)

HEREBY DECLARE(S): Registration in the County of Santa Clara is proper because my

residence principal place of business branch office

is in Santa Clara County.

If an individual: I, the undersigned individual **have not been convicted of a felony.**

If a corporation, partnership or other business entity: we, the undersigned general partners, corporate officers or other officers/managers (if Limited Liability Company) **have not been convicted of a felony.**

The person involved in management who holds a current commission from the Secretary of State as a notary public in this state is: _____

Commission Number: _____

The names, age, business address and telephone number of the individual, or each general partner, each corporate officer or other officers/members are:

NAME & TITLE (if Applicable)	BUSINESS ADDRESS	AGE	TELEPHONE
1.			
2.			
3.			
4.			

I / the corporation / the partnership or other _____ (business entity) will perform my / its duties as a professional photocopier in compliance with the provisions of law governing the transmittal of confidential documentary information in this state.

Each of the undersigned declare(s) under penalty of perjury the foregoing to be true and correct, except for the personal information contained herein; and as to that personal information, each declares under penalty of perjury that the foregoing is true and correct and correct only to the extent that it applies to him or her.

1. Signature	Name of Business Entity and Title of Signor (if applicable)
Date	Place of Execution
2. Signature	Name of Business Entity and Title of Signor (if applicable)
Date	Place of Execution
3. Signature	Name of Business Entity and Title of Signor (if applicable)
Date	Place of Execution
4. Signature	Name of Business Entity and Title of Signor (if applicable)
Date	Place of Execution