

**EXHIBIT "A"**  
**INITIAL CERTIFIED PROCESS SERVER APPLICATION**  
**NINTH JUDICIAL CIRCUIT**

**PERSONAL DATA**

NAME \_\_\_\_\_  
                    Last                                      First                                      Initial

ADDRESS \_\_\_\_\_  
                    Number and Street              City                                      State                                      Zip

MAILING ADDRESS \_\_\_\_\_  
                                    P.O. Box              City                                      State                                      Zip

TELEPHONE \_\_\_\_\_  
Request posting of mailing address and business phone number on the certified process server web page. Yes \_\_\_\_\_ No \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_

IF ALIEN, check which type of work authorization you have:

\_\_\_\_\_ Alien Registration Form I-151

\_\_\_\_\_ Refugee Status Form I-94

File Number of Form \_\_\_\_\_

If NATURALIZED, record the following forms of identification:

Naturalization Certificate Number \_\_\_\_\_

U.S. Passport Number \_\_\_\_\_

Voter's Registration Number \_\_\_\_\_

ARE YOU 18 OR MORE YEARS OLD? \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DO YOU HAVE ANY MENTAL OR LEGAL LIABILITIES: \_\_\_\_\_

If so, please list them \_\_\_\_\_

ARE YOU A PERMANENT FLORIDA RESIDENT: \_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER OF THE U.S. ARMED SERVICES:

Yes \_\_\_\_\_ No \_\_\_\_\_

Type of discharge: HONORABLE \_\_\_\_\_ GENERAL \_\_\_\_\_

OTHER \_\_\_\_\_

If other, please explain \_\_\_\_\_

### RESIDENCY DATA

PLEASE LIST YOUR RESIDENCES FOR THE PAST FIVE YEARS IN REVERSE CHRONOLOGICAL ORDER.

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Number & Street	City	State	Zip
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Number & Street	City	State	Zip
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Number & Street	City	State	Zip
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Number & Street	City	State	Zip
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Number & Street	City	State	Zip
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### EDUCATION

PLEASE LIST THE SCHOOLS WHICH YOU ATTENDED IN CHRONOLOGICAL ORDER BEGINNING WITH HIGH SCHOOL.

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School Level	Name
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Number & Street	City	Zip
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Dates Attended	Graduate Y/N	Major	Degree
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School Level                      Name

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Number & Street    City    Zip

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Dates Attended                      Graduate Y/N                      Major                      Degree

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School Level                      Name

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Number & Street    City    Zip

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Dates Attended                      Graduate Y/N                      Major                      Degree

**EMPLOYMENT DATA**

PLEASE LIST YOUR THREE MOST RECENT EMPLOYERS IN REVERSE  
CHRONOLOGICAL ORDER

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Employer

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Number & Street    City    Zip

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Dates Employed    Position

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Employer

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Number & Street    City    Zip

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Employer

---

Number & Street    City    Zip

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Dates Employed    Position

IF YOU HAVE EVER WORKED AS A PROCESS SERVER BEFORE, PLEASE ANSWER THE FOLLOWING QUESTIONS:

When and where did you work as a process server?

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While working as a process server, were any lawsuits or disciplinary complaint or charge brought or filed against you as a server in any jurisdiction, foreign or domestic, in any Florida County, Florida Circuit or Florida Sheriff shall be (even if they resolved amicably)?

Circle one:                      Yes                      No

If yes, please answer the following.

When and where was the action filed?

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Please explain the details of the action—why were you charged and what was the disposition?

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Please attach to this application copies of all of the documents relevant to the legal action or disciplinary action, including the complaint and disposition.

Were you ever terminated from your position as a process server, or have you ever had your appointment as a process server revoked?

Circle one:                      Yes                      No

If yes, please answer the following.

When and where were you terminated?

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Why were you terminated?

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If there were any documents involved in the termination, such as a formal termination letter, please attach copies to this application.

**OCCUPATIONAL/PROFESSIONAL LICENSES OR CERTIFICATES**

\_\_\_\_\_  
TYPE NUMBER

\_\_\_\_\_  
DATE OBTAINED RENEWAL DATE

**DRIVER'S OR CHAUFFEUR'S LICENSE**

Type \_\_\_\_\_

Number \_\_\_\_\_

State \_\_\_\_\_

Expiration \_\_\_\_\_

**BACKGROUND INFORMATION:**

**PERSONAL DATA**

CITIZENSHIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

RACE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

DO YOU HAVE ANY IDENTIFYING MARKS: \_\_\_\_ IF SO, PLEASE LIST THE TYPE OF  
MARK AND ITS LOCATION \_\_\_\_\_