

*Filing Fee: \$175.00*

*Registration Term: 2 years*

**COUNTY CLERK, COUNTY OF SISKIYOU**

**CERTIFICATE OF REGISTRATION AS PROFESSIONAL PHOTOCOPIER**

**[Individual, Business & Professions Code § 22452(a)]**

I, \_\_\_\_\_, declare under the penalty of perjury

*Full Name of Registrant*

that I have never been convicted of a felony and that I will perform the duties of a professional photocopier in compliance with the provisions of law governing the transmittal of confidential documentary information in this state.

I further declare that:

My address is: \_\_\_\_\_

My birth date is: \_\_\_\_\_

My age is: \_\_\_\_\_

My telephone number is: \_\_\_\_\_

Executed on \_\_\_\_\_ at \_\_\_\_\_

*Date*

*Place*

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*Signature of Registrant*

Expiration Date: \_\_\_\_\_

Registration Number: \_\_\_\_\_