

**Filing Fee: \$175.00, plus \$7.00 Bond App  
Registration Term: 2 Years**

**County Clerk, County of Siskiyou  
Certificate of Registration as Professional Photocopier  
[Business and Profession Code §22450-22463]**

Please type or print legibly in black ink. Neither the County Clerk nor Deputy County Clerks are permitted by law to give legal advice and/or assistance. This filing will be a public refund and there are no refunds.

Registrant is: \_\_\_ An Individual \_\_\_ A Corporation \_\_\_ A Partnership

Name of Registrant or Corporation/Partnership Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

At least one person involved in the management of a Professional Photocopier shall be required to hold a current commission as a Notary public from the California Secretary of State. If the notary commission is held by someone other than the registrant, written confirmation from the notary authorizing the use of their commission for this registration is required.

**Individual Filing** – The undersigned hereby certified/declares that:

I have **not** been convicted of a felony. I have been convicted of a felony.

As an individual, I will perform my duties as a professional photocopier in compliance with the provisions of law governing the transmittal of confidential documentary information in this State.

**Corporation or Partnership Filing** – The undersigned corporation or partnership hereby certifies/declares that:

\_\_\_ Corporate officers or general partners have **not** been convicted of a felony.

\_\_\_ Corporate officers or general partners have been convicted of a felony.

As a corporation or partnership the corporation or partnership will perform its duties as a professional photocopier in compliance with the provisions of law governing the transmittal of confidential documentary information in this state.

The name, title, age, address and telephone number of each corporate officer or general partner per B&P 22452 (use extra sheet if necessary)

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Age: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Age: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

**The undersigned certifies that the foregoing information contained in this application for registration is true and correct.** (corporation or partnership requires the signatures of all corporate officers or general partners. (Use extra sheet if necessary).

Executed at (place): \_\_\_\_\_ Date: \_\_\_\_\_

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

Executed at (place): \_\_\_\_\_ Date: \_\_\_\_\_

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

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**Expiration Date:** \_\_\_\_\_ **Registration Number:** \_\_\_\_\_