Renewal of Brevard County Process Server

The following application is created so that you may type directly on the document by "tabbing" to each area. **Do not hit the return key** as it may alter the form. Some parts of the application require a Notary Public. Please note that you must send in an **ORIGINAL SIGNED APPLICATION** completely filled out with the appropriate attachments before it can be processed. You may not email or fax your application to this department (due to original signature, bond and notary requirements).

Mail application to: Brevard County Clerk of Courts Attn: Kim Reynolds P. O. Box 999 Titusville, FL 32781-0999

If you have any questions, please call 321-633-7782, Monday through Friday, 8:00 a.m. to 4:00 p.m. or email: processserverclerks@brevardclerk.us

Once the application has been processed, the applicant will receive a phone call to set up an appointment to obtain a new identification card from the Brevard County Clerk of Court. **Please allow 4-6 weeks to process the application.**

Ш	1.	Application.
	2.	Affidavit of Age, Residency and Criminal Record.
	3.	Oath of Office
	4.	Affidavit of successful completion of orientation.
	5.	Certificate of Service.
	6.	A non-refundable processing fee of \$100.00 payable to the Brevard County Clerk of Court.
		A non-refundable fee of \$50.00 payable to the Brevard County Sheriff's Department for the nt's background investigation. (This fee includes the cost of the fingerprint card, which may be d at a local precinct and the fingerprint process conducted at the Sheriff's Office).
	8.	Information for Sheriff Form.
	9. effectiv	An <u>Original Bond</u> in the amount of \$5,000.00 to Eighteenth Judicial Circuit Court, with an e date good for one year.

Renewal FOR APPOINTMENT AS PROCESS SERVER

The undersigned the Eighteenth Judicial Circui relating to Procedures for app	t for appointment as pro		dministrative Order N	
Name:Full First N		ull Middle Name	Full Last Name	
i uli i list iv	ame i c	uli Middle Name	i dii Last Naille	•
Social Security No.:		Date of Birth:		
Home Address:		Otro et		
		Street		
<u></u>	City	State		Zip
Home Telephone:		Cell Phone:		
Email Address:				
Employer:				
Business Address				
		Street		
	City	State		Zip
Business Mailing Address:	Street or PO Box	City	State	Zip
Business Telephone:		Oity	Glate	Ζip
Name of Oraco land				
·				
Address of Supervisor:	Street or PO Box			
	City	State		Zip
	J,	State		- .P
Signature of Applicant		Print Name		

AFFIDAVIT OF AGE, RESIDENCY & CRIMINAL RECORD

I do hereby swear or affirm that I am over the age of 18 years and a permanent resident of the State of Florida. I have no mental or legal disability. I do hereby swear or affirm there are no pending criminal cases against me. I have no criminal record of any felony convictions, nor a record of a conviction of a misdemeanor involving moral turpitude or dishonesty within the past 5 years.

	Signature of Applicant
Sworn to and subscribed before me this day of	, 20
Personally Known Produced I.D. Type of I.D.	_
Notary Public State of Florida	Print, type or stamp commissioned Notary Public
My Commission Expires:	

CERTIFICATE OF SERVICE

<u>Pl</u>	JBLIC RECORD NOT	<u> </u>	
nber, case number an	d bond expiration ma	y be published on the E	Brevard County Clerk of
nt		Date	
	documents submitted ber, case number and ://www.brevardclerk.u 8.org/.	PUBLIC RECORD NOT documents submitted to be a certified proceed ber, case number and bond expiration may ://www.brevardclerk.us, as well as the Eight B.org/.	

INFORMATION FOR SHERIFF

All applicants applying for Certified Process Server in the Eighteenth Judicial Circuit must fill in ALL items below. PLEASE be neat and thorough. Failure to provide any of the requested information will result in an unnecessary delay of your application.

Name:					
Full First Name		Full Middle Name		Full Last Name	
Social Security No.:			Date of Birth:		
Home Address:		Street			
		Sileet			
	City		State		Zip
Home Telephone:			Cell Phone:		
Email Address:					
Race:					
Gender:					
Driver's License Number:			State:		
Present Employer:					
Address:					
		Street			
	City		State		Zip
Signature of Applicant			Print Name		

AFFIDAVIT OF COMPLETION

	, as a applicant for an appointment as process affirm that I have completed an orientation program evard County Sheriff's Department in service of process.
	Signature of Applicant
Sworn to and subscribed before me this day	of, 20
Personally Known Produced I.D. Type of I.D.	
Notary Public State of Florida	Print, type or stamp commissioned Notary Public
My Commission Expires:	

OATH OF OFFICE