STATE OF CALIFORNIA COUNTY OF LOS ANGELES FILING FEES $200.00 + $3.00 FOR EACH ADDITIONAL PAGE OF BOND	Space below for use of County Clerk

COUNTY CLERK, COUNTY OF LOS ANGELES

CERTIFICATE OF REGISTRATION AS PROFESSIONAL PHOTOCOPIER
(Corporation, B & P C § 22452 (b))

The undersigned officers declare as follows:

_____ is a corporation
Name of Corporation

Address _____ Email _____

Incorporated under the laws of the State of _____
Said corporation has been incorporated and existing continuously for a period of one year immediately preceding the date of filing of this certificate or an officer listed below has been registered under the provisions of Chapter 20 Division 8 of the Business & Professions Code as a professional photocopier. Said corporation will perform its duties as a professional photocopier in compliance with the provision of law governing professional photocopying in this state.

Name and title of officers of said corporation are as follows: (List each officer and title, use an extra sheet if necessary.)

NAME OF OFFICER	TITLE OF OFFICER	EMAIL:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Expiration Date _____ Registration Number _____

Bond # _____ Registration Date _____

Each officer listed must complete and sign Declaration of Corporate Officer

CERTIFICATE OF REGISTRATION AS PROFESSIONAL PHOTOCOPIER CORPORATION

Certificate of Registration as a Professional Photocopier
Notary Authorization Form

Per Business and Professions Code, Section 22454, at least one person involved in the management of a professional photocopier shall be required to hold a current commission from the Secretary of the State as a notary public in this state.

Notary Name: _____

Notary Commission Number: _____

Notary Expiration Date: _____

County of Notary Registration: _____

The undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct except for the personal information contained herein; and, as to that personal information, declares under penalty of perjury under the laws of the State of California that it is true and correct only to the extent that it applies to him/her.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

REGISTRATION NUMBER: _____

REGISTRATION ***AND*** BOND EXPIRATION DATE: _____
(NOTE: TWO YEARS MINUS ONE DAY FROM EFFECTIVE DATE ON BOND.)

REV. 07/09

ADDITIONAL CORPORATE OFFICERS/GENERAL PARTNERS

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____

Email: _____

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____

Email: _____

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____

Email: _____

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____

Email: _____

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____

Email: _____

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____

Email: _____

COUNTY OF LOS ANGELES REGISTRAR-RECORDER/COUNTY CLERK

DECLARATION OF CORPORATE OFFICERS/GENERAL PARTNER REGISTRATION AS PROFESSIONAL PHOTOCOPIER

I, _____, declare that I am a
Name of Officer
_____ of _____
Title of Officer Corporation name

and I have never been convicted of a felony. I further declare that:

My date of birth and age are: _____

My address is: _____

My telephone number is: (____) _____ Email: _____

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Executed on: _____
Date

at _____
Place

_____
Signature of Officer

I, _____, declare that I am a
Name of Officer
_____ of _____
Title of Officer Partnership name
and I have never been convicted of a felony. I further declare that:

My date of birth and aged are: _____

My address is: _____

My telephone number is: (____) _____ Email: _____

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Executed on: _____
Date

at _____
Place

_____
Signature of Partner

This form must be attached to the Certificate of Registration as Professional Photocopier Form No. F017.

DECLARATION OF CORPORATION REGISTRATION AS PROFESSIONAL PHOTOCOPIER

County Clerk, County of Los Angeles
Employee Application for Identification Card and Registered Professional Photocopier

Employer Section:

_____
Name of Employer Registered as a Professional Photocopier

Professional Photocopier Registration Information:

_____ _____ _____
Registration Number Registration Date Expiration Date

Pursuant to Business and Professions Code Section 22457, please issue an Employee ID card to:

_____Email_____
Name of Employee

Executed on: _____/_____/_____ at: _____, California
Mo. day Yr.

Name and signature of Registered Professional Photocopier:

_____ _____
Name of Officer Signature of Officer

Employee Section:

_____ Email:_____
Name of Employee

I am the employee of the above named Registered Professional Photocopier and will perform my duties in compliance with the provision of the law governing the registration in this state.

Executed on: _____/_____/_____ at: _____, California
Mo. day Yr.

_____
Signature of Employee