



Georgia Sheriffs' Association
CERTIFIED PROCESS SERVER APPLICATION

1. Name _____
(Last Name) (First Name) (Middle Initial)
2. Address _____
City _____ State _____ ZIP _____
3. Work Telephone () _____ 4. Alternate Telephone () _____
5. Date of Birth _____ 6. Race _____ 7. Gender _____
8. Email Address _____
9. Are you now, or have you even been, licensed to carry a firearm in this or any other state? ☐ Yes ☐ No
10. If yes to Question 9, for each indicate the state, the corresponding license number, and the issuance date
(attach additional sheets as necessary):

11. Are you appointed as a permanent process server pursuant to O.C.G.A. 9-11-4? (If yes, please attach a list of all court appointments held as well as a contact name and number for each appointment)

12. Have you been disciplined by any state, national, or federal licensing agency or authority which regulates any profession? ☐ Yes ☐ No (If yes, please attached an explanation)

13. Have you ever been convicted of, or have entered a plea of nolo contendere to, or been granted first offender treatment upon being charged with (1) any criminal offense other than a traffic violation or (2) any traffic violation that involved driving under the influence of alcohol or drugs, homicide or feticide by vehicle, fleeing the scene of an accident, attempting to elude a police officer, or impersonating a law enforcement officer? ☐ Yes ☐ No (If yes, please attach an explanation)

I hereby swear that all information I have provided on this application and any attached explanations and accompanying forms are true, complete, and correct. I understand that any information provided by me that the certifying sheriff or Georgia Sheriffs' Association finds to be false, incomplete, or misrepresented in any respect are grounds for denial of a certificate and, if discovered after certification, are grounds for disciplinary actions, up to and including prosecution and revocation of my certificate.

Signature _____ Date _____

Required Attachments:

- Completed Certified Process Server Application
- Certified copy of applicant birth certificate
- Proof of completion of a fingerprint based criminal background check
- Certificate of completion of 12 hour pre-certification training
- Certificate of successful completion of certification exam
- Copy of commercial surety bond
- Electronic Photo Submission must be sent to GSA's Bill Hallsworth at bhallsworth@georgiasheriffs.org
- \$80 application fee (money order or cashier's check)

Vehicle Information

Make, model, color, and license plate number of all vehicles you use:

Make	Model	Color	License Plate

Do you possess a valid driver's license: ☐ Yes ☐ No

If yes:

State:
Class:
License Number:

Submit this application and all required attachments to the Sheriff of the county in which you desire to register



Georgia Sheriffs' Association
CERTIFIED PROCESS SERVER RENEWAL APPLICATION

1. Name _____
(Last Name) (First Name) (Middle Initial)
2. Address _____
City _____ State _____ ZIP _____
3. Work Telephone () _____ 4. Alternate Telephone () _____
5. Date of Birth _____ 6. Race _____ 7. Gender _____
8. Email Address _____
9. Are you now, or have you even been, licensed to carry a firearm in this or any other state? ☐ Yes ☐ No
10. If yes to Question 9, for each indicate the state, the corresponding license number, and the issuance date
(attach additional sheets as necessary):

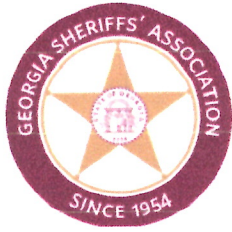
11. Are you appointed as a permanent process server pursuant to O.C.G.A. 9-11-4? (If yes, please attach a list of all court appointments held as well as a contact name and number for each appointment)
12. Have you been disciplined by any state, national, or federal licensing agency or authority which regulates any profession? ☐ Yes ☐ No (If yes, please attached an explanation)
13. Have you ever been convicted of, or have entered a plea of nolo contendere to, or been granted first offender treatment upon being charged with (1) any criminal offense other than a traffic violation or (2) any traffic violation that involved driving under the influence of alcohol or drugs, homicide or feticide by vehicle, fleeing the scene of an accident, attempting to elude a police officer, or impersonating a law enforcement officer? ☐ Yes ☐ No (If yes, please attach an explanation)

I hereby swear that all information I have provided on this application and any attached explanations and accompanying forms are true, complete, and correct. I understand that any information provided by me that the certifying sheriff or Georgia Sheriffs' Association finds to be false, incomplete, or misrepresented in any respect are grounds for denial of a certificate and, if discovered after certification, are grounds for disciplinary actions, up to and including prosecution and revocation of my certificate.

Signature _____ Date _____

Required Attachments:

- Certificates of Completion (3 certificates) of the required annual 5 hour Continuing Education
- Copy of the Commercial Surety Bond or proof of Errors and Omissions Insurance Coverage
- Copy of Certified Process Server ID card
- Copy of Driver's License
- \$80 application fee (money order or cashier's check)
- Proof of completion of a fingerprint based criminal background check
- Electronic Photo Submission to GSA's Bill Hallsworth at bhallsworth@georgiasheriffs.org



CERTIFIED PROCESS SERVER IDENTIFICATION CARD & PHOTOGRAPH SUBMISSION INFORMATION FORM 2

PHOTOGRAPH SUBMISSION

Pursuant to Georgia Code 9-11-4.1, the sheriff of any county of this state shall at the time of certification provide credentials in the form of an identification card to each certified process server. The identification card shall be designed to clearly distinguish it from any form of credentials issued to certified peace officers and will not be in the shape or form of a law enforcement badge. A certified process server shall display his or her credentials at all times while engaged in the service of process.

All applicants must submit a color photograph to the Georgia Sheriffs' Association for use in the production of the identification card. The picture must:

- Be in color
- Taken against a solid, light background
- Clearly show the applicant's facial features
- A hat or clothing which obscures the facial features may not be worn
- The picture must be a close up displaying the applicant's full head and facial features.

When submitting the photograph to the Georgia Sheriffs' Association, include the following information:

- The applicant's name
- The applicant's company name (if applicable)
- The applicant's email address
- The applicant's office phone number
- The applicant's cell number

In the event there is a problem with the picture, this information will be used to contact the applicant and resolve the problem. By not submitting the requested information, the identification card could be delayed.

The photograph must be saved in a .jpg format. Email the above information and photograph to the GSA's Bill Hallsworth at bhallsworth@georgiasheriffs.org



COUNTY SHERIFF'S OFFICE
CERTIFIED PROCESS SERVER OATH
FORM 3

The Sheriff or Sheriff's designee will administer the oath to the applicant once it is determined that the applicant has satisfied all of the requirements to be a certified process server and immediately before the credentials are given to the applicant.

"I do solemnly swear (or affirm) that I will conduct myself as a process server truly and honestly, justly and uprightly, and according to the law; and that I will support the Constitution of the State of Georgia and the Constitution of the United States. I further swear (or affirm) that I will not serve any papers or process in any action where I have a financial or personal interest in the outcome of the matter or where any person to whom I am related by blood or marriage has such an interest."

Name of Process Server (print)

Signature of Process Server

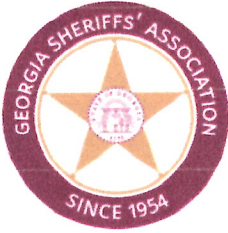
Date

Sheriff or Designee

Date

Witness

Date



COUNTY SHERIFF'S OFFICE
CERTIFIED PROCESS SERVER
AUTHORIZATION REQUEST TO SERVE PROCESS
FORM 4

*Pursuant to Georgia Code 9-11-4.1, Such certified process server shall be entitled to serve in such capacity for any court of the state, anywhere within the state, **provided** that the sheriff of the county for which process is to be served allows such servers to serve process in such county.*

1. _____
Name of Process Server Requesting Authorization (printed) _____
Date
2. Is this a first time authorization request? ☐ Yes ☐ No
3. Is this a renewal authorization request? ☐ Yes ☐ No If yes, what is the expiration date? _____
4. Have you completed the annual 5-hour continuing education course required of certified process servers?
☐ Yes ☐ No ☐ N/A at this time If no, explain _____
5. _____
Name of Sheriff/County That Issued Your Certification _____
Certification Date

☐ **Approved**

☐ **Denied**

Approval Date _____

Expiration Date _____

Sheriff or Sheriff's Designee Signature

Date

Certified Process Server Signature

Date

if approval is granted, the period of authorization shall be for one year. A new authorization form must be submitted to the sheriff of the county where approval to serve process is being sought by the expiration date of the preceding year. if the server fails to re-new the authorization agreement, the server will be prohibited from serving until such time that authorization is approved by the sheriff. if the certified process server is serving without authorization, he or she is in violation of 9-11-4.1.

September 2018 – FORM 4



_____ COUNTY SHERIFF'S OFFICE
CERTIFIED PROCESS SERVER
LOST/STOLEN CREDENTIAL REPLACEMENT FORM
FORM 5

Pursuant to Article 9(B)(2) of the Georgia Certified Process Servers Rules and Regulations, "certified process servers shall report lost or stolen identification cards to the certifying sheriff within three days of discovery of the loss. Upon filing a loss form with the certifying sheriff and payment of a replacement fee, the certifying sheriff shall request and be issued a replacement credential from the Georgia Sheriffs' Association Inc."

1. _____
Name of Process Server Requesting Replacement I.D. (printed)
2. Do you know what your credential badge number was? If so, please provide: _____
3. Do you know the date of your certification? If so, please provide: _____
4. Do you know the date of your certification expiration date? If so, please provide: _____
5. Have you completed the annual 5-hour continuing education course required of certified process servers?
Yes No If no, explain _____

*In the event you find the original credential badge, you are required to forward the **original** credential to:*

*Bill Hallsworth
Coordinator, Jail & Court Services
Georgia Sheriffs' Association Inc.
P.O. Box 1000
Stockbridge, GA. 30281*

By signing below, I acknowledge that I have read this notice and fully understand its contents. Furthermore, I acknowledge that I have been provided a copy of this notice.

Process Server's Signature

Date

Witness

Date

**STATE OF GEORGIA****BOND****BOND NUMBER:** _____ **COUNTY****KNOW ALL MEN BY THESE PRESENTS**

That we, _____ as, Principal, and

_____, as Surety/ Company, are held and firmly bound unto the Governor of Georgia, and his successors in office in the just sum of TWENTY-FIVE THOUSAND AND NO/100 (\$25,000) DOLLARS, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors and administrators, each and every one of them jointly and severally, by these presents.

It is further understood and agreed that this bond is for a period beginning on the _____ day of _____, _____, and ending on the _____ day of _____, _____.

Whereas, the above bound Principal is applying to the Sheriff of _____ County for certification in accordance with O.C.G.A. Section 9-11-4.1 and the rules of the Judicial Council of Georgia governing certified process servers.

It is a condition of this bond that the said Principal is to comply with all of the laws and rules governing the acts of certified process servers in Georgia.

A further condition of this bond is that Principal and Surety/Company to this bond shall be subject to suit by action thereon for the purpose of indemnifying any persons aggrieved by any act of the Principal, which act would be grounds for denial, suspension, or revocation of a license under O.C.G.A. Section 9-11-4.1 and the rules of the Judicial Council of Georgia governing certified process servers. Any and all damages paid shall not exceed the amount of this bond.

Now, should the said Principal faithfully perform all his or her duties as a certified process server during the term for which he or she has been certified, then the above bond is to be void upon expiration of the certification, else to be in full force and effect.

IN WITNESS WHEREOF, the Principal and Surety/Company have caused these presents to be duly signed and executed under seal,

this _____ day of _____, _____.

Signature of Principal_____
Surety/Company - Name of Company_____
Address

Countersigned:

Resident Agent_____
By Attorney-in-Fact**IMPORTANT: BOND MUST BE SIGNED – POWER OF ATTORNEY MUST BE ATTACHED****CANCELLATION CLAUSE** –Principal/Certified Process Server shall not cancel or cause to be canceled a bond issued pursuant to O.C.G.A. Section 9-11-4.1 unless the Georgia Sheriffs' Association and the certifying sheriff are informed in writing pursuant to Certified Process Server Program Rules and Regulations, Article XI, Subsection D.