



Rebecca Martinez, County Clerk-Recorder and Registrar of Voters

Process Server Registration Application Instructions

To complete the registration process, you must do the following:

1. **EFFECTIVE SEPTEMBER 1, 2025: APPOINTMENTS ARE REQUIRED. See below for more information.**
2. Complete and sign the registration form.
3. Obtain a bond in the amount of \$2,000 as required under Business & Professions Code 22353(c). Your registration will expire 2 years from date of your filing or the date of expiration of your bond, whichever occurs first.
4. Applicant must have a background check performed via LiveScan using the form provided. In Madera County, the Sheriff's office will provide this service:

Madera County Sheriff
2725 Falcon Drive
Madera CA 93637
(559) 675-7770

4. **Effective 01/01/2020, photos will be taken at the County Clerk's office at the time of filing.**
5. Provide valid photo identification
6. Provide payment of all fees**:
 - a. Clerk fees: \$107.00
 - b. Recording fees: \$14.00 for the first page and \$3.00 for each additional page of bond (may require additional cover page)
 - c. Additional ID card: \$10.00 each
7. Personally bring all of the above to the Madera County Clerk-Recorder's Office located at 200 W. 4th Street, Madera CA 93637. **Registration forms are accepted Monday-Friday, by appointment ONLY.**

**Acceptable forms of payment include cash (\$100.00 bills will not be accepted), check, debit or credit cards. Debit and credit transactions will be charged an additional convenience fee. Please make checks payable to MADERA COUNTY CLERK-RECORDER.

EFFECTIVE SEPTEMBER 1ST, 2025, APPOINTMENTS ARE REQUIRED FOR THIS SERVICE!



To schedule your appointment:

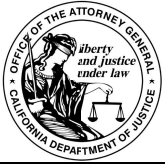
Visit maderacoclerk.timetap.com, scan the QR code, or call (559) 675-7721.

Revised 9/2025

COUNTY CLERK-RECORDER & REGISTRAR OF VOTERS

200 West Fourth Street • Madera, CA 93637 • 800.435.0509 Toll Free • 559.675.7720 • 559.675.7721 • 559.675.7724 • 559.675.7870 Fax
www.maderacounty.com • www.votemadera.com





REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1551 _____ LICENSE _____
ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____

PROCESS SERVER _____
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

MADERA COUNTY CLERK _____ 07240 _____
Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____

200 W. 4TH STREET _____ REBECCA MARTINEZ _____
Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____

MADERA _____ CA _____ 936377 _____ (559) 675-7721 _____
City _____ State _____ ZIP Code _____ Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name: (AKA or Alias) _____

Last Name _____ First Name _____ Suffix _____

Date of Birth _____ Sex Male Female Nonbinary/Unspecified _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____
(Agency Billing Number)

Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____
(Other Identification Number)

Home Address _____ City _____ State _____ ZIP Code _____
Street Address or P.O. Box _____

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

_____ Applicant Signature _____ Date _____

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number) _____
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____ Original ATI Number _____
(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Employer Name _____

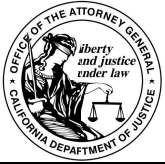
Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ State _____ ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

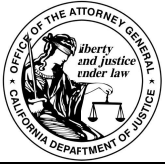
Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



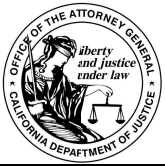
REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)



Madera County Clerk
Rebecca Martinez
200 W. 4th Street
Madera CA 93637
(559) 675-7721

CERTIFICATE OF REGISTRATION PROCESS SERVER

Instructions: Please **TYPE** or **PRINT** legibly and firmly in BLACK ink. Neither the County Clerk nor his/her deputies are permitted by law to give legal advice and/or assistance. This filing will be a public record and there are no refunds.

Clerk Filing Fees:

Filing Registration: \$100.00 Filing Bond: \$7.00 Additional ID card: \$10.00

Additional Recorder Fees:

Bond - first page: \$14.00 Each additional Page(s): \$3.00/per page or side

Type of Filing: New Renewal

If a renewal, enter previous
registration number:

If a renewal, a new registration number must be assigned if there is a lapse of three or more years in the period of registration. The date of expiration is two years from the date of filing OR the date the bond expires, whichever occurs first.

Registrant is An Individual A Corporation
(select one): A Partnership

Provide all Registrant Information below:

Registrant Full Name

Age

Corporation/Partnership
Name (if applicable)

List the names, ages, addresses, and telephone numbers of the corporate officers or general partners (use extra sheets if necessary):

1. Name

1. Age

1. Address

1. City & State

1. Zip Code

1. Email Address

1. Telephone

2. Name

2. Age

2. Address

2. City & State

2. Zip Code

2. Email Address

2. Telephone

Each of the following declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of their knowledge.

Executed at (Place)

Date

Signature

Signature

(PRINT FORM AND SIGN)