



If you want to be part of the PS Direct network of professional process servers, simply fill out this form. Once completed please E-mail the form to: [rdlorati@gmail.com](mailto:rdlorati@gmail.com) or fax to: (714) 455-2988.

**YOUR INFORMATION**

Last Name	First Name	M.I.	Date
Street Address		Apartment / Unit #	
City	State	Zip Code	
E-mail			Cell Phone
Social Security Number			Pager number

**YOU BUSINESS INFORMATION**

Name	
Street Address	
City	State Zip Code
Business Phone	Fax Number
Website	Do you own your own business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a NAPPS member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of any other professional organization? <input type="checkbox"/> Yes (List below) <input type="checkbox"/> No

**PROCESS SERVER REGISTRATION OR PI LICENSE**

Registration or License number	Exp. Date
County	State
Bond / Insurance (send a copy when submitting this form)	

**YOUR SERVICE AREA AND PRICING INFORMATION**

List your service area, include Counties and Cities please including zip codes. Also include your pricing for service in these areas. You may attach additional pages if necessary.

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**PROFESSIONAL REFERENCES**

Full Name	Relationship	
Company	Phone	
Street Address		
City	State	Zip Code

Full Name	Relationship	
Company	Phone	
Street Address		
City	State	Zip Code

Full Name	Relationship	
Company	Phone	
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