



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 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 <i>(send a copy when submitting this form)</i>	

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.

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	
Street Address		
City	State	Zip Code

