



Rebecca Martinez, County Clerk-Recorder and Registrar of Voters

Professional Photocopier Registration Application Instructions

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

1. Complete and sign the registration form.
2. Obtain a bond in the amount of \$5,000 as required under Business & Professions Code 22455. Your registration will expire 2 years from date of your filing or the date of expiration of your bond, whichever occurs first.
3. At least one person involved in the management of a professional photocopier must hold a current commission from the CA SOS as a notary public.
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. Applicant may not have been convicted of a felony.
7. Provide payment of all fees**:
 - a. Clerk fees: \$175.00
 - 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, complete separate application form for employees as needed
8. Personally bring all 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, from 8:00 a.m. to 3:30 p.m.**

**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.





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

CERTIFICATE OF REGISTRATION PROFESSIONAL PHOTOCOPIER

Instructions: Completely fill in all information requested. You must sign the completed application under penalty of perjury.

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.

If a renewal, a new registration number must be assigned if there is lapse of three or more years in the period of registration.

Registrant shall maintain a valid notary commission during the entire period the registration is effective.

This filing will expire two years from the date of filing OR when the bond expires, whichever occurs first.

Clerk Filing Fees:

Filing Registration: \$175.00 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:
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Registrant Information

Registrant is: An Individual A Corporation A Partnership

Individual Complete Name or
Corporate or Partnership Name

Registrant Age:

Phone Number

Registrant Street Address

City

State

Zip Code

Email address

At least one person involved in the management of a Professional Photocopier shall be required to hold a current commission as a Notary Public from the California Secretary of State. If the notary commission is held by some other than the registrant, written confirmation from the notary authorizing the use of their commission for this registration is required.

Name of Notary

Commission Number

County where filed:

The undersigned, hereby certifies/declares that:

1. As an INDIVIDUAL

I have NOT been convicted of a felony.

I have been convicted of a felony.

I will perform my duties as a professional photocopier in compliance with the provisions of law governing the transmittal of confidential documentary information in this state.

2. As a CORPORATION/
PARTNERSHIP:

Corporate officers or general partners have NOT been convicted of a felony.

Corporate officers or general partners have been convicted of a felony.

The corporation/partnership will perform its duties as a professional photocopier in compliance with the provisions of law governing the transmittal of confidential documentary information in this state.

List the name, title, address, telephone number, and age of each corporate officer or general partner (use additional sheets as needed):

1. Name

1. Address

1. City

1. State

1. Zip Code

1. Email address

1. Telephone Number

1. Age

Title

2. Name

2. Address

2. City

2. State

2. Zip Code

2. Email Address

2. Telephone Number

2. Age

Title

The undersigned certifies that the foregoing information contained in this application for registration is true and correct.

Date Signed

Signature

Printed Name

Title

Signature

Printed Name

Title

Corporate Applicant: Application must be signed by: The chairman of the board or the president; or by any vice president AND the secretary, any assistant secretary, the chief financial officer or any assistant treasurer.

Partnership Applicant: Application must be signed by at least one general partner.



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Employee Application for Identification Card Of Registered Professional Photocopier

Employer Section:

Name of Employer Registered as a Professional Photocopier:	
Prof. Photocopier Registration Number	
Per BPC 22457, issue an employee ID card to:	
Date Executed:	
City/State Executed:	

Signature of Registered Prof. Photocopier

Employee Section:

Name of Employee:	
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I am employee of the above named registered Professional Photocopier and will perform my duties in compliance with the provisions of the law governing the registration in this state.

Date Executed:	
City/State Executed:	

Signature of Employee

(Office Only) Employment Verified: Yes No

