



JUDICIAL BRANCH CERTIFICATION COMMISSION

Office of Court Administration

Process Server Certification

Certified Process Server CE Approval Form

Please Type or Print Legibly.

Please check the appropriate box below.

Program Provider

Certified Process Server: Program Attendee Program Speaker

Submit completed application to:

P O Box 12066, Austin, TX 78711-2066 or 205 W. 14th St., Ste. 600, Austin, TX 78701

(All fields must be completed. Notifications to applicants will be sent via email.)

Name of Requestor:	
Certification Number:	
Certification Expiration Date:	

Mailing Address:					
Phone #:		Fax #:		Email Address:	

Name of Program Provider:	
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Provider Contact Person:	Provider Phone Number:

Title of Program:	
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Date(s) of Program:	City & State of Program: <i>(name of website if online course)</i>

Complete this section only if you were the seminar presenter.	
Total # of hours of presentation time:	Total # of hours of preparation time:

Total Hours Requested:

Updated: 08/26/14

Please provide a detailed description of the program. *(Attach a brochure or course outline for teaching or speaking credit, to include the content of the program, the presenters, and the time devoted to each segment.*

How does this program increase or maintain the skills or competence of a certified process server?

Signature of Applicant

Date