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## PROCESS SERVING AGENCY COMPLIANCE PLAN AFFIRMATION

Process Serving Agency Name:	
Process Serving Agency DCA License Number (if applicable):	
Business Address:	

I affirm the following:

1. I am authorized (e.g., owner, sole proprietor, general partner, director, corporate officer, or shareholder owning 10% or more of company stock) to complete and sign this affirmation on behalf of the Process Serving Agency named above.
2. The Process Serving Agency named above has adopted a written Compliance Plan to ensure that each individual serving process on behalf of the Agency acts with integrity and honesty and complies with the recordkeeping requirements applicable to process servers.
3. I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Position/Title*

\_\_\_\_\_  
*Date*