



DEPARTMENT OF CONSUMER AND
WORKER PROTECTION (DCWP)
LICENSING CENTER
42 Broadway, Lobby
New York, NY 10004

NYC SMALL BUSINESS
SUPPORT CENTER
90-27 Sutphin Blvd, 4th Floor
Jamaica, NY 11435

By Appointment Only Hours:

Monday-Thursday: 8 a.m. – 4 p.m.
Last appointment: 3:30 p.m.

By Appointment Only Hours:

Monday-Thursday: 8 a.m. – 4 p.m.
Last appointment: 3:30 p.m.

ROSTER OF PROCESS SERVERS

Process Serving Agency Name:	
Business Address:	

Process Serving Agencies must submit a list of all Process Server Individuals who will serve process on behalf of the Agency. Please provide required information below. Attach additional papers as necessary.

Process Server Individual Name	Process Server Individual Address	DCWP License Number	Does this individual serve process exclusively as an employee of the Agency?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT REQUIREMENTS ABOUT UPDATING INFORMATION:

- Agencies that do not provide updated information are subject to fines or other sanctions. Agencies must use DCWP’s Process Server Portal at nyc.gov/processserver to submit Roster Updates and Traverse Reports. Agencies are encouraged to use DCWP’s Process Server Portal to submit Disciplinary Actions and Noncompliance Reports.
- Process Serving Agencies must submit an updated Roster of Process Servers to the Department of Consumer and Worker Protection (DCWP) via the Process Server Portal within five (5) days of assigning service to any new Process Server Individuals.
- If a process server ceases to serve process exclusively for the Agency as an employee, the Agency must notify DCWP via the Process Server Portal within five (5) days of the change. The notification must include the process server’s name, address, and DCWP license number.
- I am authorized (e.g., owner, sole proprietor, general partner, corporate officer, principal, director, member, and/or shareholder owning 10% or more of company stock) to complete and sign this form on behalf of the Process Serving Agency named above.
- I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

Signature

Print Name

Print Position/Title, if any

Date