



42 Broadway
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/dcwp

PROCESS SERVER INDIVIDUAL RECORDKEEPING CERTIFICATION

Process Server Individual Name:	
Process Server Individual DCWP License Number (if applicable):	
Home Address:	

I affirm the following:

1. I have read section 20-406.3 of the New York City Administrative Code and sections 2-233 and 2-233b of Title 6 of the Rules of the City of New York (6 RCNY).
2. I or the Process Serving Agency for whom I serve process exclusively as an employee will retain for seven (7) years all records required to be maintained in compliance with 6 RCNY section 2-233.
3. I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

Signature

Date

Print Name