

**Process Serving Agency Name:** 

DEPARTMENT OF CONSUMER AND WORKER PROTECTION (DCWP) LICENSING CENTER

42 Broadway, Lobby New York, NY 10004

## By Appointment Only Hours:

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

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.

## PROCESS SERVING AGENCY COMPLIANCE PLAN AFFIRMATION

Process Serving Agency DCWP License Number (if applicable):	
Business Address:	
I affirm the following:	
director, member, and/or share	orietor, general partner, corporate officer, principal, eholder owning 10% or more of company stock), te and submit this affirmation on behalf of the Process.
in compliance with 6 RCNY § 2	named above has adopted a written Compliance Plan 2-234a(b) to ensure that each individual serving process with integrity and honesty and complies with the oplicable to process servers.
<ul> <li>I understand that falsification of by a fine or imprisonment or both</li> </ul>	of any statement made herein is an offense punishable oth.
Signature	Print Name
Print Position/Title, if any	Date