



**San Bernardino
Recorder-County Clerk**

222 W. Hospitality Lane, 1st Floor
San Bernardino, CA 92415-0022

Phone: (909) 387-8306

Website: arc.sbcounty.gov

Space above for County Clerk use only

DECLARATION FOR REPLACEMENT IDENTIFICATION CARD

FOR COUNTY CLERK USE ONLY

Registration Number _____

Expiration Date _____

Filing Fees

*Filing Fee	\$39.00
ID Card	\$10.00
Total Filing Fees	\$49.00

Payment Options: Payments may be made by cash or card (in-person), check, postal or bank money order, or cashier's **check made payable to San Bernardino County**. Card payments are subject to 3.5% surcharge.

*(Filing a document where no other charge is given)

The Declarant must apply in person and present current valid identification. Please **TYPE** or **PRINT** legibly and firmly in **BLACK** ink.

I _____ am a currently registered (please check one):

Process Server

Legal Document Asst.

Unlawful Detainer Asst.

Professional Photocopier

I hereby request the issuance of a replacement identification card due to the following:

Damaged card (please submit damaged card with this Declaration).

Lost card (please give detailed information of the loss).

Change of address (please enter new address below:

New address: _____

Other _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I further declare that if the original identification card has been lost, and is subsequently found, I will immediately return this replacement identification card to the San Bernardino County Clerk.

Executed at _____ on _____
Place Date Signature of Declarant/Registrant