



NOTARY PUBLIC COMMISSION APPLICATION
 Florida Department of State
 Notary Commissions and Certifications Section (850) 245-6975

Mail Application to:



American Association of Notaries, Inc.
 P.O. Box 630601
 Houston, TX 77263

PERSONAL INFORMATION

Full Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (State) (County) (Zip)

Place of Employment: _____ Unemployed Retired

Business Address: _____
(Street) (City) (State) (County) (Zip)

Mail to: Home Business Other Address: _____
(Street/P.O. Box) (City) (State) (Zip)

E-mail Address: _____
(or write "NONE")

Sex: Male Female Race: Asian
 Black or African American
 Native American or Alaska Native
 White
 Other: _____

Home Phone: _____
(or write "NONE")

Business Phone: _____ Extension: _____
(or write "NONE")

Florida Driver License (or other State of Florida Issued ID): _____ Date of Birth: _____
(Month/Day/Year)

Social Security Number -----

The disclosure of a Florida notary public applicant's social security number is expressly required by Fla. Stat. §117.01(2) and is imperative for processing notary public commission applications. Please be advised that social security numbers are only used for processing the notary public commission application and are exempt from disclosure pursuant to Fla. Stat. §119.071(5)(a)5.

- Are you a legal resident of Florida? Yes No (If No, you are not eligible to apply for a Florida notary public commission. Legal residency must be maintained throughout the appointment.)
- Are you a United States citizen? Yes No (If No, you must submit a recorded Declaration of Domicile. Obtain this document from your county courthouse.)
- Are you a wartime veteran with a disability rating of 50 percent or more? Yes No (If yes, you must submit a written request for the fee reduction and provide proof of exemption.)
- Are you now or have you ever been commissioned a Notary Public in the State of Florida? Yes No (If No, you, must complete a 3 hour Notary education course and submit a signed certificate of completion. Fla. Stat. §668.50(11)(b).
 If Yes: _____ / _____ / _____
(Commission expiration date) (Commission number) (Name for which your commission was issued)
- Have you held any professional licenses or commissions (other than Notary Public) in Florida during the past 10 years? Yes No
 If Yes, please list: _____
 Have any been revoked? Yes No (If Yes, you must submit a written statement about the nature of the action and a copy of the final order from the regulating agency.)
- Have you been disciplined by a regulatory agency, including the Florida Bar, and including disciplinary action that is confidential? Yes No (If Yes, you must submit a written statement about the nature of the action and any supporting documentation, such as a copy of the final order from the regulating agency.)
- Have you been convicted of a felony or have you had an adjudication of guilt withheld for a felony offense? Yes No (If Yes, you must submit a written statement of the nature of the offense(s), a copy of the court judgment and sentencing order. If convicted, you must submit a certificate of Restoration of Civil Rights.) *Please note applicants are subject to FDLE background checks. Failure to disclose may result in suspension of the notary commission and/or be referred to FDLE. Fla. Stat. §117.01(4)*
- Are you currently on probation? Yes No

AFFIDAVIT OF CHARACTER

STATE OF _____ COUNTY

I, _____ am unrelated to and have known _____
(Print or Type Name of Affiant) (Name of Applicant)
 for one year or more; and to the best of my knowledge and observation know him or her to be of good character.

My address is _____
(Street) (City) (State) (County) (Zip)

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

Home Phone: (____) _____ Work Phone: (____) _____ **X** _____
(or write "NONE") (or write "NONE") (Signature of Affiant)

OATH OF OFFICE

STATE OF FLORIDA

_____ COUNTY

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the state; that I have read Chapter 117, Florida Statutes, and any amendments thereto, and know the duties, responsibilities, limitations, and powers of a notary public; and that I will well and faithfully perform the duties of Notary Public, State of Florida, on which I am now about to enter. So help me God*

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND OATH, AND THAT THE FACTS STATED THEREIN ARE TRUE. I accept the Office of Notary Public, State of Florida.

X

(Official Signature of Applicant)

_____/_____/_____
(Date)

*Note: If you affirm, you may omit the words "So help me God." Fla. Stat. §92.52.

(Print or Type Name – Name for which your commission will be issued) Must use legal first name, no initial.
Acceptable options: Jonathan David Doe, Jon D. Doe, Jonathan Doe, Jonathan D. Doe

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS, WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO CERTAIN ENUMERATED PERSONS, INCLUDING, BUT NOT LIMITED TO, PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. (SEE SECTION 119.071, FLORIDA STATUTES) IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR FLORIDA NOTARY PUBLIC COMMISSION APPLICATION SUBMISSION, PLEASE OBTAIN A PUBLIC RECORDS EXEMPTION FORM FROM THE FLORIDA DEPARTMENT OF STATE BY ACCESSING THE FOLLOWING LINK AND FOLLOWING THE INSTRUCTIONS ON THE FORM: <https://dos.myflorida.com/sunbiz/other-services/subpoenas-and-public-records-exemption-requests/>

**STATE OF FLORIDA
BOND OF NOTARY PUBLIC**

Secretary of State
Notary Commissions

FOR OFFICE USE ONLY
Approved by Department of State:

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS, That we,

_____ as Principal, and
(Name of Applicant)

_____ (_____)
(Imprint Name of Surety Company) (Telephone Number)

as Surety Company, give bond payable to any individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as Notary Public, in the amount of Seven Thousand, Five Hundred Dollars (\$7,500) as assurance for the due discharge of the duties of his/her office of Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally.

Applicant was, on the date of issuance of commission, bonded as a Notary Public in and for the State of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of Notary Public, as prescribed by law, then this obligation shall be void.

X

(Signature of Applicant)

Signed and sealed this _____ day of _____ 20_____

(Name of Surety Company)

(Address of Surety Company)

(Name of Bonding Agency or Company)

(Address of Bonding Agency or Company)

By _____
(Signature of Florida Licensed Agent)

(Florida Licensed Agent Number)

(Printed name of Florida Licensed Agent)



Section 817.234(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

This bond shall be for Seven Thousand, Five Hundred Dollars (\$7,500). After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the notary public commission.

SURETY BOND

SURETY BOND

Florida Notary Application Checklist

Please ensure the following items are included with the application that you return to us:

- Completed “Personal Information” section of the application.
- Completed and signed “Affidavit of Character” section of the application.
- Completed and signed “Oath of Office” page of the application.
- Completed and signed “Surety Bond” page of the application.
- Signed “Certificate of Completion” for the three-hour notary training course *(for first-time applicants only)*.
- Payment of \$79.00 for the four-year, \$7,500 notary bond and the state filing fee. Use the attached order form to order the bond and pay the state filing fee.
- Payment for notary supplies. Use the attached order form to order notary supplies. Florida law requires notaries to use, at a minimum, a notary stamp on all documents they notarize.

Mail us your completed application (photocopies are unacceptable) to:

American Association of Notaries
P.O. Box 630601
Houston, Texas 77263

OR

American Association of Notaries
7438 Park Place Blvd.
Houston, Texas 77087

Please allow two to three weeks for the Dept. of State to approve your application. Additional time is needed if we receive an incomplete application.



American Association of Notaries®

7438 Park Place Blvd. • Houston, Texas 77087 • 713-644-2299
www.floridanotaries.com • sales@usnotaries.com



American Association of Notaries®

Over 1 Million Notaries Served Nationwide

Complete Your Application Online at
www.floridanotaries.com

Choose Your Notary Package

	Notary Package I \$105.95**	Notary Package II \$113.95**	Notary Package III \$118.95**
Four-year, \$7,500 Florida Notary Bond* – \$40.00	✓	✓	✓
State Filing Fee* – \$39.00	✓	✓	✓
Self-inking Rectangular Notary Stamp* – \$23.95	✓		✓
Self-inking Round Notary Stamp* – \$31.95		✓	
Florida Notary Record Book (Journal) – \$11.95 242 entries			✓
One-year Membership to AAN <i>(A \$19 value included with your notary supplies order at no additional cost)</i>	✓	✓	✓
Four Years of Expert Support	✓	✓	✓

* Required by law.

** Packages I, II, and III can be purchased separately without the bond and state filing fee for \$26.95, \$34.95, and \$39.95, respectively.

1 Choose Your Stamp Case Color For Package I or III:



Choose Your Stamp Case Color For Package II:



NOTE: If you do not select a stamp case color, you will receive a grey case.

2 Ship My Supplies To:

Your Name _____
 Company Name _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone Number (_____) _____ Ext. _____
 Email Address (Required) _____

4 Enter Your Payment Information:

Check payable to: American Association of Notaries
 Check No.: _____
 Charge my credit card account:

 Card No.: _____
 Expiration Date: _____
 Billing Zip Code: _____
 Your Signature: _____

3 Choose Your Notary Package:

	Price	Qty.	Total
Bond & State Filing Fee	\$79.00	_____	_____
Notary Package I	\$105.95	_____	_____
Notary Package II	\$113.95	_____	_____
Notary Package III	\$118.95	_____	_____
Four-year Notary Errors & Omissions Insurance Policy (Optional)	\$ _____	_____	_____
	Subtotal \$		_____
	USPS Shipping & Handling \$		11.95
	Sales Tax \$		Included in the Price
	Total: \$		_____

Please add an additional **\$9.00** for UPS Ground delivery.



Prices are subject to change without notice.

Protect Yourself from Unintentional Mistakes with Notary Errors & Omissions Insurance.

\$5,000 policy	\$25.00	\$30,000 policy	\$70.00
\$10,000 policy	\$40.00	\$50,000 policy	\$120.00
\$15,000 policy	\$50.00	\$100,000 policy	\$240.00
\$25,000 policy	\$60.00		

Bonds and errors and omissions insurance policies provided by this insurance agency, American Association of Notaries, Inc., are underwritten by CNA Surety.

Read our cancellation and refund policy at www.floridanotaries.com/refund-policy.