

NOTARY PUBLIC COMMISSION APPLICATION Florida Department of State

Mail Application to:



Notary Commissions and Certifications Section (850) 245-6975

	<u>.</u>	PERSONAL INFO	<u>DRMATION</u>			
Full Name:	(Last)		(First)			(Middle)
Uoma Addr	ress:		(1 151)			(made)
Home Addi	(Street)	(City)		(State)	(County)	(Zip)
Place of Em	nployment:				☐ Unemployed	☐ Retired
Business A	ddress:					
	(Street)	(City)		(State)	(County)	(Zip)
Mail to: 🗖	Home ☐ Business ☐ Other Address:	(Street/P.O. E		(6:1-)	(((()))	(7:)
		Sex:	□ Male	(City) Race:	(State)	(Zip)
E-mail Add	ress:		☐ Female		☐ Black or Africa	
51	(or write "NONE")				☐ White	an or Alaska Native
Home Phon	(or write "NONE")				☐ Other:	
D ' D1		F				
Business Ph	or write "NONE")	Extension	ı:			
E1 '1 D'	,				D (CD: 4	
	ver License (or other State of Florida Issued ID):_				Date of Birth:	/ (Month/Day/Year)
Social Secu	rity Number					
5. H fr 6. H N re 7. H	re you now or have you ever been commissioned otary education course and submit a signed certificate of Yes: (Commission expiration date) (Commission expiration date) (Yes, please list: (ave you held any professional licenses or commistryes, please list: (ave any been revoked? Yes No (If Yes, you gulating agency.) (ave you been disciplined by a regulatory agency, you fill yes, you must submit a written statement about the gulating agency.) (ave you been convicted of a felony or have you have you been convicted of the nature of the offense(s),	ommission number) ssions (other than I must submit a written including the Flor he nature of the action and an adjudication	Notary Public) in statement about and any supporting of guilt withhel	(Na n Florida duri the nature of the uding disciping documentated	me for which your commission generated the past 10 years are action and a copy of the past action that is ion, such as a copy of the yoffense? Yes	on was issued) s? □ Yes □ No If the final order from the confidential? □ Yes □ the final order from the
R co	estoration of Civil Rights.) *Please note applicants arommission and/or be referred to FDLE. Fla. Stat. § are you currently on probation? Yes No	e subject to FDLE b				
<u> </u>	I so with a production with the wife	AFFIDAVIT OF	CHARACTE	<u> </u>		
STATE OF						COUNTY
		•	. 1	1		
I <u>, </u>	(Print or Type Name of Affiant) r or more; and to the best of my knowledge and o	am unrela bservation know h	m or her to be o	known f good chara	(Name of A	pplicant)
•				0- 30 Jimin		
My address	is(Street)		(City)	(State)	(County)	(Zip)
UNDER PE Are true	ENALTY OF PERJURY, I DECLARE THAT I F E.	HAVE READ THE	•		, , ,	
Home Phon	ee: () Work Pl	hone: ()	write "NONE")	(X_	(Signature	of Affiant)

OATH OF OFFICE

STATE OF FLORII	DA			COUNTY
hat I am duly qualif and know the duties	r (or affirm) that I will support, protect, and do fied to hold office under the Constitution of the s, responsibilities, limitations, and powers of a which I am now about to enter. So help me G	ne state; that I have read Chapter a notary public; and that I will we	117, Florid	da Statutes, and any amendments thereto,
	Y OF PERJURY, I DECLARE THAT I HAVEN ARE TRUE. I accept the Office of Notary F		PLICATIO	ON AND OATH, AND THAT THE FACTS
	(Official Signature of Applicant)	(Date)	*Note:	If you affirm, you may omit the words

(Print or Type Name – Name for which your commission will be issued) <u>Must use legal first name, no initial.</u>
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/

SURETY BOND

STATE OF FLORIDA BOND OF NOTARY PUBLIC

Secretary of State Notary Commissions

FOR OFFICE USE ONLY
Approved by Department of State

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STA	 1 1H	HI	112	111/

KNOW ALL MEN BY THESE PRESENT	S, That we,	
		as Principal, and
	(Name of Applicant)	
		()
(Imprint Name of Surety C	Company)	(Telephone Number)
applicant acting in his/her official capacity	as Notary Public, in the scharge of the duties of	be harmed as a result of a breach of duty by said amount of Seven Thousand, Five Hundred his/her office of Notary Public and we do bind tly and severally.
Applicant was, on the date of issuance of cohold office for the term of four years in acc		Notary Public in and for the State of Florida, to itution and Laws of this State.
Now, therefore, if said applicant shall faithf law, then this obligation shall be void.	fully discharge the duties	s of the office of Notary Public, as prescribed by
		(Signature of Applicant)
Signed and sealed this	day of	20
A 918 8444		(Name of Surety Company)
WIND RETY COM		(Address of Surety Company)
S CROPAL S		(Name of Bonding Agency or Company)
	By	(Address of Bonding Agency or Company)
	- y <u></u>	(Signature of Florida Licensed Agent)
The state of the s		(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.

DS/DE 76 (3/04)

Instructions for Completing the Florida Notary Application

American Association of Notaries® • www.floridanotaries.com • 713-644-2299

Please type or print clearly. All fields must be completed. Enter "NONE" if it does not apply.

1 Personal Information

- · Enter your name as listed on your government-issued identification.
- · Enter your home address. P.O. boxes are unacceptable.
- If unemployed, enter "NONE" for the place of employment, business address, and phone number.

2 Eligibility Questions

If you answer "Yes" to questions 5, 6, 7 or 8, you must submit the following documents:

- Written statement regarding the nature and circumstances of the charge(s);
- . Copy of the court judgment and sentencing order or a comparable court document; and
- If convicted, a copy of the Certificate of Restoration of Civil Rights (or pardon).

To obtain information about the restoration of civil rights, you may contact:

Office of Executive Clemency, 4070 Esplanade Way, Tallahassee, FL 32399-2450
Phone: (850) 488-2952

3 Affidavit of Character

Have someone unrelated to you who has personally known you for at least one year or more complete and sign the affidavit of character section.

4 Oath of Office (Choosing your official notary name and signature)

1 - Print or type your name exactly as you want it to appear on your notary commission.

The name you choose on the oath of office section will be the official notary name you use when notarizing documents. Your notary commission certificate and your notary stamp will also be issued using the same name you indicated on the oath of office section.

You must use your LEGAL first name (or a nickname of your legal first name, within reason) and your LEGAL last name; the inclusion of your legal middle name or initial in your commissioned name is optional.

For example, John Doe Public could be commissioned as:

- John Doe Public
- Johnny Doe Public
- John D. Public
- Johnny D. Public
- John Public
- Johnny Public
- **2** The signature you use to sign the oath of office will be the official notary signature that you will use to notarize documents. Use a signature with which you are comfortable.

By signing the oath of office section, you are swearing that you have read Chapter 117, Florida Statutes, and any amendments thereto, that you know the duties, responsibilities, limitations, and powers of a Florida notary public, and that you will faithfully perform the duties of a notary public in the State of Florida.

5 Notary Bond

Enter the same name and signature you used when completing the oath of office section.

6 Bonding Agency Information (DO NOT COMPLETE THIS SECTION!)

This section will be completed by the American Association of Notaries as your bonding company.

7 Notary Education Course (Optional for renewing notaries)

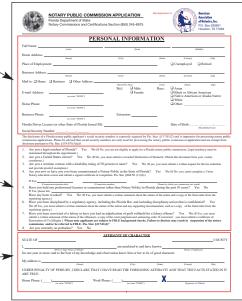
All first-time notary applicants are required to complete a three-hour notary course available for free at the Secretary of State's website http://notaries.dos.state.fl.us/education/instructions.html.

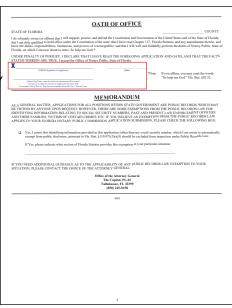
8 Mail Us Your Completed, Signed Application (Photocopies are unacceptable)

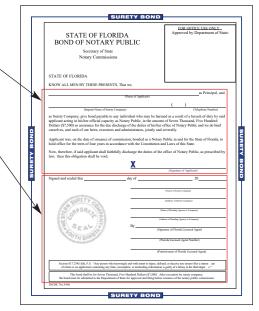
Mail your completed and signed notary application, the oath of office, the bond section, the order form, payment and the certificate of course completion (required only for new notary applicants) to:

AAN, P.O. Box 630601, Houston, Texas 77263 OR 7438 Park Place Blvd., Houston, Texas 77087

We will review your application for accuracy and completeness, issue the bond, and file it with the Florida Department of State.







Florida Notary Application Checklist

Please ensure the following items are inclu	ided with the application that you return to us:
Completed "Personal Information	" section of the application.
Completed and signed "Affidavit of	of Character" section of the application.
Completed and signed "Oath of C	Office" page of the application.
Completed and signed "Surety Bo	ond" page of the application.
Signed "Certificate of Completion (for first-time applicants only).	" for the three-hour notary training course
	ear, \$7,500 notary bond and the state filing to order the bond and pay the state filing
	the attached order form to order notary aries to use, at a minimum, a notary stamp
Mail us your completed applicat	tion (photocopies are unacceptable) to:
American Association of Notaries P.O. Box 630601 Houston, Texas 77263	American Association of Notaries OR 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 Renewal Package	Renewal Package I \$105 ^{.95**}	Renewal Package II \$113 ^{.95**}	Renewal Package III \$118.95**
Four-year, \$7,500 Florida Notary Bond* – \$40.00	V	V	V
State Filing Fee* - \$39.00	V	V	V
Self-inking Rectangular Notary Stamp* - \$23.95	V		V
Self-inking Round Notary Stamp* - \$31.95		V	
Florida Notary Record Book (Journal) – \$11.95 242 entries			V
One-year Membership to AAN (A \$19 value included with your notary supplies order at no additional cost)	~	/	~
Four Years of Expert Support	V	V	V
* Required by law			

^{*} 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.



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			

	Chassa	Valle	Meterry	Danaural	Package:
(5)	Choose	Tour	Notary	Kenewai	Package:

	ase ad	
UPS	.00 fo Grou elivery	nd

	Subtotal \$	
USPS Shippi	ng & Handling \$	11.95
	Sales Tax \$	Included in the Price
	Total: \$	

☐ Make check payable to: American Association of Notaries
Check No.:

☐ Charge my credit card account:

DICOVER	VISA	AMERICAN EXPRESS	Master Card.	
Card No.:				
Expiration Date:				
Billing Zip Code:				
Your Signature				

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		

If we cannot process your order within one year from the date we receive it due to lack of information from you, we are no longer obligated to fulfill your order and your payment becomes non-refundable. Read our refund & return policy at www.floridanotaries.com/refund-policy.

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