



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")

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Have any been revoked?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: (_____) _____
(or write "NONE") (or write "NONE")

X

(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.

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:

AAO, 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.

NOTARY PUBLIC COMMISSION APPLICATION
Florida Department of State
Notary Commissions and Certifications Section (850) 245-4975

PERSONAL INFORMATION

Full Name: _____
Home Address: _____
Place of Employment: _____
Business Address: _____
Email Address: _____
Home Phone: _____
Business Phone: _____
Florida Driver License Number: _____
Date of Birth: _____

1 Are you a legal resident of Florida? Yes ☐ No ☐ No, you are not eligible to apply for a Florida notary public commission. Legal residency must be maintained throughout the application.

2 Are you a United States citizen? Yes ☐ No ☐ No, you must submit a notarized Declaration of Denial. Obtain this document from your county courthouse.

3 Are you a lifetime veteran with a disability rating of 50 percent or more? Yes ☐ No ☐ No, you must submit a written request for the fee reduction and provide proof of exemption.

4 Are you now or have you ever been commissioned a Notary Public in the State of Florida? Yes ☐ No ☐ No, you must complete a three-hour notary education course and submit a signed certificate of completion. File No. 1000.30 (1/10/11).

5 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: _____

6 Have you been disciplined by a regulatory agency, including the Florida Bar, and including disciplinary action that is confidential? Yes ☐ No ☐ If yes, please list: _____

7 Have you been convicted of a felony or have you had a adjudication of guilt withheld for a felony offense? Yes ☐ No ☐ If yes, you must submit a written statement of the nature of the offense, a copy of the court judgment and sentencing order. If convicted, you must submit a certificate of Restoration of Civil Rights. These items are subject to FDLE background checks. Failure to disclose may result in suspension of the notary commission and/or be referred to FDLE. File No. 117.01(4).

8 Are you currently on probation? Yes ☐ No ☐

AFFIDAVIT OF CHARACTER

STATE OF _____ COUNTY _____

I, _____, do hereby certify that _____ is a resident of _____ County, Florida, and has been known to me for at least one year or more, and to the best of my knowledge and observation knows him or her to be of good character.

My address is: _____

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: _____ 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 faithfully perform the duties of a Notary Public, State of Florida, in 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.

Signature of Applicant: _____

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 SOCIAL SECURITY NUMBERS, PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR FLORIDA NOTARY PUBLIC COMMISSION APPLICATION SUBMISSION, PLEASE CHECK THE FOLLOWING BOX:

☐ Yes, I assert that identifying information provided in this application (other than my social security number, which I am aware is automatically exempt from public disclosure, pursuant to Fla. Stat. §119.07(5)(a)) should be excluded from inspection under Public Records Law.

If Yes, please indicate what section of Florida Statutes provides this exemption in your particular situation: _____

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.

Office of the Attorney General
The Capitol, FL 40
Tallahassee, FL 32399
(850) 245-6158

800

SURETY BOND

FOR OFFICE USE ONLY
Approved by Department of State:

STATE OF FLORIDA
BOND OF NOTARY PUBLIC

Secretary of State
Notary Commissions

STATE OF FLORIDA
KNOW ALL MEN BY THESE PRESENTS, That we, _____ as Principal, and _____ 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, I, said applicant shall faithfully discharge the duties of the office of Notary Public, as prescribed by law, then this obligation shall be void.

Signed and sealed this _____ day of _____, 20____

Signature of Applicant: _____
Signature of Surety Company: _____
Signature of Bonding Agency: _____
Signature of Florida Licensed Agent: _____
(Florida Licensed Agent Number) _____
(Printed name of Florida Licensed Agent) _____

Section 817.24(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any person files a return, or of claim of 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 notary commission, the bond must be submitted to the Department of State for approval and filing before issuance of the notary public commission. (DLSLR 7/15/09)

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



ORDER FORM (All States)

American Association of Notaries

7438 Park Place Blvd., Houston, Texas 77087

Phone: 713-644-2299 Fax: 713-649-0011



Office Hours: M-F 9am – 5pm CST

2 Easy Ways To Order:



Online:

www.floridanotaries.com



By Mail:

American Association of Notaries
PO Box 630601, Houston, TX 77263

Applicant Name _____

Shipping Address

Company Name _____

Address _____

City _____

State _____ Zip _____

 Daytime Phone Number (_____) _____

Shipping Information: Your shipment contains valuable items.
Ship to an address where someone will be available to receive your order.

Form of Payment

Mail To: PO Box 630601, Houston, TX 77263

☐ Check enclosed payable to: **American Association of Notaries**
Check No. _____

☐ Please charge my credit card account:



--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date:

--	--	--	--

Customer Signature _____

Billing Address (Leave blank if same as shipping)

Email Address _____

AAN Membership/Account No. (if available) _____

Please view our refund and return policy at <https://www.usnotaries.com/refund-policy>.

Type in any special instructions regarding shipping, stamp manufacturing, or other special needs

ITEM #	PRODUCT DESCRIPTION (Include color choices for stamp ink and cases where applicable)	QUANTITY	PRICE	TOTAL
FLNPB1	Four-year \$7500 Florida notary bond & state filing fee		\$79.00	
FL201	Trodat Rectangular Notary Stamp		\$18.95	
	One-year membership to AAN*		Included	
	Four years of expert support*		Included	
* Included with notary stamp order FL201. Florida state and local sales is included in the sales price.			USPS Shipping	\$ 7.95
			Subtotal*	\$
			GRAND TOTAL	\$



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

USPS Shipping
Subtotal*

GRAND TOTAL