

# NOTARY PUBLIC COMMISSION APPLICATION Florida Department of State

Mail Application to:



# Notary Commissions and Certifications Section (850) 245-6975

			PERSONAL INFORMAT	<u> TION</u>		
Full Name:(Last)		(First)		(Middle)		
Home A	.ddress:					
		(Street)	(City)	(State)	(County)	(Zip)
Place of	Employment:				☐ Unemployed	☐ Retired
Business	s Address:	(Street)	(6')	(9:)	(0,)	(7: )
£ 11 .			(City)	(State)	(County)	(Zip)
Mail to:	☐ Home ☐ B	usiness	(Street/P.O. Box)	(City)	(State)	(Zip)
			Sex: ☐ Male		☐ Asian	
E-mail A	Address:		_ Fema	ale	☐ Black or Afric	
		(or write "NONE")			☐ Native Americ☐ White	an or Alaska Native
Iome Pl	hone:					
		(or write "NONE")	<del>_</del>			
	s Phone:		Extension			
usmess	s Phone:	(or write "NONE")	Extension:			
,	D: 1: /	,	`		D ( CD: 4	
lorida I	Driver License (	or other State of Florida Issued ID	):		Date of Birth:	/ / (Month/Day/Year)
ocial S	ecurity Number					(Month Day) Tolar)
<ul><li>4.</li><li>5.</li><li>6.</li><li>7.</li></ul>	Notary education  If Yes:  (Common Have you held if Yes, please list Have any been regulating agent Have you been No (If Yes, you regulating agent Have you been submit a written	I any professional licenses or computer.  In revoked?  Yes  No (If Yes, year).  In disciplined by a regulatory agency must submit a written statement about the convicted of a felony or have you a statement of the nature of the offense	completion. Fla. Stat. §668.5  (Commission number) missions (other than Notary P ou must submit a written statement cy, including the Florida Bar, t the nature of the action and any u had an adjudication of guilt (s), a copy of the court judgment	tublic) in Florida durant about the nature of t and including discip supporting documenta withheld for a felon and sentencing order.	ame for which your commissi- ring the past 10 years the action and a copy of the action and a copy of the action, such as a copy of the y offense?   Yes  If convicted, you must	on was issued) s? □ Yes □ No of the final order from the confidential? □ Yes □ the final order from the left No (If Yes, you must submit a certificate of
	commission an	Civil Rights.) *Please note applicants nd/or be referred to FDLE. Fla. Stat.	•	nd checks. Failure to	disclose may result i	n suspension of the not
8.	Are you curre	ntly on probation? ☐ Yes ☐ No	AFFIDAVIT OF CHAR	ACTEP		
			AFFIDAVII OF CHAK	ACIEK		
TATE	OF					COUNT
,			am unrelated to a	nd have known		
or one y		(Print or Type Name of Affiant) d to the best of my knowledge and	l observation know him or he	r to be of good chara	(Name of A	Applicant)
⁄Iy addr	ress is	(Street)				
-		(Street)	(City)	(State)	(County)	(Zip)
JNDER ARE TR		PERJURY, I DECLARE THAT	I HAVE READ THE FOREC	GOING AFFIDAVIT	AND THAT THE	FACTS STATED IN I
Iome Pl	hone: ()_	Work	Phone: ()	X		
		(or write "NONE")	(on white 'NO	AIE")	(C:	of Afficiat)

#### **OATH OF OFFICE**

STATE OF FLORIDA	COUNTY
I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution that I am duly qualified to hold office under the Constitution of the state; that I have rea and know the duties, responsibilities, limitations, and powers of a notary public; and the State of Florida, on which I am now about to enter. So help me God*	d Chapter 117, Florida Statutes, and any amendments thereto,
UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREC STATED THEREIN ARE TRUE. I accept the Office of Notary Public, State of Florida	,
(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) <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: <a href="https://dos.myflorida.com/sunbiz/other-services/subpoenas-and-public-records-exemption-requests/">https://dos.myflorida.com/sunbiz/other-services/subpoenas-and-public-records-exemption-requests/</a>

# 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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KNOW ALL MEN BY THESE PRESENTS	, That we,			
				as Principal, and
	(Name of Applicant	)		
		(	)	
(Imprint Name of Surety Co	ompany)	·		(Telephone Number)
as Surety Company, give bond payable to an applicant acting in his/her official capacity a Dollars (\$7,500) as assurance for the due disourselves, and each of our heirs, executors a	s Notary Public, in the	ne amount of Sevor his/her office of	en Thou of Notar	usand, Five Hundred
Applicant was, on the date of issuance of co hold office for the term of four years in according				
Now, therefore, if said applicant shall faithfulaw, then this obligation shall be void.	ally discharge the dut	ies of the office o	f Notar	y Public, as prescribed by
	<u>A</u>	(Sign	nature of A	Applicant)
Signed and sealed this	day of			20
1418544		(Name of	Surety Comp	pany)
WINET YOU		(Address o	of Surety Con	npany)
S RROAM		(Name of Bond	ing Agency o	or Company)
	Ву	(Address of Bon	ding Agency	or Company)
	2) <u></u>	(Signature of F	lorida Lic	ensed Agent)
The state of the s		(Florida Lice	ensed Age	nt Number)
		(Printed name	of Florida	Licensed Agent)

DS/DE 76 (3/04)

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)

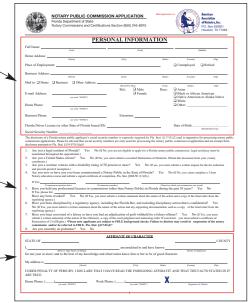
All first-time notary applicants are required to complete a three-hour notary course available for free at the Secretary of State's website <a href="http://notaries.dos.state.fl.us/education/instructions.html">http://notaries.dos.state.fl.us/education/instructions.html</a>.

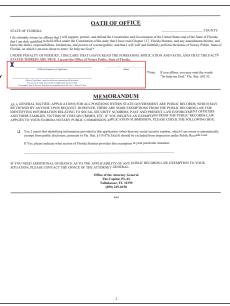
#### 8 Mail Us Your Completed, Signed Application (Photocopies are unacceptable)

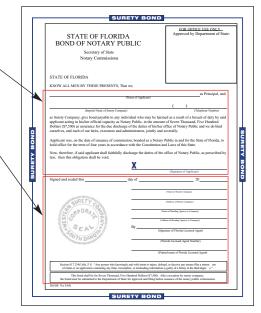
Mail your completed and signed notary application, the oath of office, the bond section, the order form, payment and the certificate of course completion (required only for new notary applicants) to:

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	uded with the application that you return to us:							
Completed "Personal Information	" section of the application.							
Completed and signed "Affidavit	Completed and signed "Affidavit of Character" section of the application.							
Completed and signed "Oath of C	Completed and signed "Oath of Office" page of the application.							
Completed and signed "Surety Bo	Completed and signed "Surety Bond" page of the application.							
Signed "Certificate of Completion (for first-time applicants only).	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.								
	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



# 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:**



## By Mail:

www.floridanotaries.com

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

Applicant Name	Form of Payment					
	Mail To: PO Box 630601, Houston, TX 77263  Check enclosed payable to: <b>American Association of Notarie</b>	ς				
Chinain a Address	Check No	•				
Shipping Address	Please charge my credit card account:					
Company Name	Expiration Date:					
Address						
City						
G	Customer Signature					
StateZip	Billing Address (Leave blank if same as shipping)					
Daytime Phone Number ( )						
<b>Shipping Information:</b> Your shipment contains valuable items. Ship to an address where someone will be available to receive your order.	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 snip	ping, stamp manufacturing, or other special needs					
ITEM # PRODUCT DESCRIPTION (Include color choices for						
FLNPB1 Four-year \$7500 Florida notary bond FL201 Trodat Rectangular Notary Stamp	& state filing fee \$79.00 \$18.95					
One-year membership to AAN*	Included					
Four years of expert support*	Included					
* Included with notary stamp order FL201.	Please add an USPS Shipping \$7.95					
Florida state and local sales is included in the sales price.	additional \$9.00					
	for UPS Ground delivery.					