Application Registration for Online Notary Public

Mail to: Florida Department of State, Division of Corporations, ATTN: Notaries PO Box 6327, Tallahassee, FL 32314 In person or courier service to: 2415 North Monroe St., Suite 810, Tallahassee FL 32303

PERSONAL INFORMATION

Full name:					
(Last) Name as Commissioned:	(Fir	· ·	(Middle)		
Home Address:(Street)	(City)	(State)	(County)	(Zip)	
		- PhoneNumber:			
		Expiration:			
Florida Notary ID:					
Civil-Law Notary- Florida Bar Number:		Date appointed:			
Commissioner of Deeds Expiration date:					
I will use the following RON Service Provider	in compliance with Fl	orida Law:			
The applicant confirms:					
 forth in Ch. 117, Florida Statutes, and Ch. 1N-7 2. They have submitted evidence of obtaining a b 3. They have submitted evidence of Errors and Or 4. They have submitted a copy of their commission Deeds. 5. They have submitted payment of registration fe 6. They understand that suspension, revocation, exappointment as a Civil-Law Notary, or Commisregistration. 7. They have submitted evidence of completing a requirements for serving as online notary publi Under penalties of perjury, I declare that I have facts stated in it are true. 	ond in the amount of \$2 mission (E&O) insurance on or appointment as a N ee of \$10 by check payal xpiration, or termination ssioner of Deeds immed classroom or online cou c.	5,000. Se policy in the minim Notary Public, Civil-L ble to the Florida Dep n of the applicant's No liately deactivates an urse covering the dutio	aw Notary, or Comm partment of State. otary Public commis Online Notary Public es, obligations and te	nissioner of sion or c's echnology	
	Signature:	Signature:			
	Print Name:				
STATE OF FLORIDA					
COUNTY OF					
Sworn to, affirmed, and subscribed before me Day of20, by producedas i	who is per			ion, this	
[PLACE NOTARIAL SEAL]	Notary Signature: _ PrintName:				
	Notary Public, State of Florida				
	My Commission H	Expires:			