

Application for Commission as a Notary Public (Application fee \$25)

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Name		Date of Birth (MM/DD/YYYY)		
(This name must appear as it is signed in #18 below)				
Home Address				
City	State	Zip Code		
County of Residence or place of regular business (St. Louis	City Residents, please specia	fy St. Louis City)		
Daytime Phone Number	Email Ad	dress		
Employer/Name of Business				
Street				
City	State	Zip Code		
Missouri Commission Number (if reapplying)				
Previous Commission Expiration Date (if any)				
Previous Name (if your name has changed)				
k YES or NO for the following questions:				
~ ·			YES	☐ NO
Are you able to read and write the English language?			YES	☐ NO
Do you reside legally in the United States? (Section 245, Imcopy of your green card)	migration and Nationality A	Act requires that you, attach a	YES	☐ NO
Do you live or work in the county within and for which you	have requested to be commi	isioned?	YES	☐ NO
			YES	□ NO
			YES	□ NO
liability regarding your activities as a notary in this or any of	ther state or nation?	ings or admissions of fault or	YES	□ NO
Have you read the Missouri Notary Public Handbook and kn	now the laws and duties of a	Notary Public?	YES	☐ NO
Have you completed a state-approved notary training? (<u>Attaccompleted written notary training form.</u>)	ch your certificate of compl	etion or your	YES	□ NO
Declaration of Applicant STATE OF MISSOURI				
orrect; that I understand the official duties and responsibilities	s of a Notary Public in Misso			
	City County of Residence or place of regular business (St. Louis Daytime Phone Number Employer/Name of Business Street City Missouri Commission Number (if reapplying) Previous Commission Expiration Date (if any) Previous Name (if your name has changed) **Re YES or NO for the following questions:* Are you at least eighteen years of age? Are you able to read and write the English language? Do you reside legally in the United States? (Section 245, Imcopy of your green card) Do you live or work in the county within and for which you In the last five years have you been denied, revoked, suspendicense, or public office in this or any other state or nation? (If yes, attach a list and supporting documentation) Do you have claims pending or disposed against your notary liability regarding your activities as a notary in this or any of (If yes, attach a list and supporting documentation) Do you read the Missouri Notary Public Handbook and kr Have you completed a state-approved notary training? (Attacompleted written notary training form.) Declaration of Applicant STATE OF MISSOURI	City	City	City State

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State of Missouri John R. Ashcroft, Secretary of State

- Mark only one box as your answer for each question.
- Please note the statute sections where the answer can be located or referenced.
- Once completed please attach to a completed notary application.

Secretary of State's Office Written Notary Training Course

lan	ne as it appears on	the notary application: _					
			(first)		(middle)	(last)	
1.	How long is a term ☐ 1 year	m of office for a notary?	(RSMo 486.610)	10.	the notary is	Fails to appear within the allowed time considered failed to qualify and must cocess over. (RSMo 486.620)	
2.	What is the requir ☐ \$10,000	red notary bond amount?	(RSMo 486.615)		True	False	
3.	•	dates must be the same a that are set by the Secr. 615)	•	11.		0,000 notary bond, can a notary purc issions Insurance? (Refer to Handbook No	
	☐ True	☐ False		12.		otary must keep a record of their not manently bound journal with number	
4.	Who gives the not	tary their oath of office?	(RSMo 486.620) Sec. of State		not a spiral no removed. (RS	otebook or a journal where pages car Mo 486.700)	ı be
5.		ature must be exactly as on. (RSMo 486.600(16)	it appears on the	13.	permanently	False following items must be recorded in bound journal? (RSMo 486.705)	your
6.	ments for work bu	s in Missouri and needs ut lives in a surrounding non-resident Missouri r	state, they may		type of no type, title, signature, notary fee	or a description of the document or printed name, and address of each p	
7.	been convicted of felony, or to any	at is required to state what or pled guilty or nolo comisdemeanor incompation public. (RSMo 486.630) False	ontendere to any ble with the	14.	All of the Which of the (RSMo 486.7	following is required on the notary's 30) ame exactly as stated on the commis	
8.	includes their nan	take their \$10,000 notaryne, dates of commission e county clerk's office v 486.620) False	and county of		Notary Pu Notary Se State of M	blic al lissouri nission Expires and expiration date	
9.	their notary oath, missioned by the mission within ho accepted? (RSMo		gnature as com- eceive their com- application is	15	All of the When notariz name exactly Office. (RSM	above ing a document, the notary must sign as commissioned by the Secretary of o 486.275)	
	☐ 30 days	☐ 60 days	☐ 90 days		True	False	

Signatu	ire of notary appl	icant as indicated at the top of this exerc	ise.		Date	2
	ear, under penalt ng familiar with	y of perjury, that I completed and answer the notary law:	red all th	e questions on t	his training exercise af	fter reading and
	All of the abov	re		Yes	No	
		he respective notarial act	- **	mission? (RSN	•	•
	•	culars attested by the notary	30.	. Can the Secre	tary of State's Office re	evoke a notary's com-
	Date of the not			True	False	
		ty of notarization (venue)		_	<u> </u>	
	Impression of t			(RSMo 4		-
	_	are of the notary			ial fee and is not mand	-
23. E	Each notarial certi	ficate should have (RSMo 486.740)			he notary explains to the ial act that the travel for	
	All of the abov	re		agree upo	on the travel fee in adv	vance of the travel;
	copy certificati		->.	• •		esting the notarial act
	acknowledgem		29.	. A notary may	charge a travel fee to	perform a notarial act if:
	oaths (or affirm	,				
	RSMo 486.640)			both A & I	3	
22. V	Which of the follo	wing is considered a notarial act?			oter registration cards	
	True	False		absentee ba	allots	
	e applicant's residess. (RSMo 486.6	lence or regular place of work or 620)	28.	lowing: (RSM	not charge for notarizing (o 486.685)	ng which of the fol-
comn	nission to the cou	nty recorder of deeds office in the cour	20	Materia	mat about the	manufalah (Cd) (Cd)
21. T	The Secretary of S	State's Office will forward the		\$1	\$20	\$5
**	True	False	27.	ture is: (RSMo		or notarizing a signa-
	•	I notify the Secretary of State in gnation. (RSM0 486.795)	27	All of the a	nbove n a notary can charge f	or notarizina a signa
		ic no longer desires to be a notary pub-		relatives	sharra	
	True	False		_	ne principal, including i	n-law, step and half
		ays of the discovery. (RSMo 486.725)			domestic partner, ance	
	* *	at loses or misplaces his journal of seal shall notify the Secretary of State			r other consideration e ecified in section 486.6	
				commission	n, fee, advantage, right	t, title, interest, cash,
50 U	True	False			re as a direct or indirec	t result anv
	•	Office by amended application within ge. (RSMo 486.785)		Is a party to notarized	o or named in the docu	ament that is to be
		ty of residence shall notify the		notary: (RSMo	-	2
18 A	ny notary public	that lawfully changes their name or	26.			erforming a notarial act it
	Yes	No	1 400	Yes	No	
	-	within the same county, does the ce need to be notified? (RSMo 486.780)		Secretary of Sta 5.620)	ate's office from the da	ate of the oath? (RSMo
17	<u>د</u>	State at a construction of the state of		A notary has s	even days to mail their	r signed oath and bond to
	True	False		(RSMo 486.74 True	10/ /43) False	
	roperty of the not mployer. (RSMo	tary and may not be surrendered to any 486.715)		•	y of commission and $\epsilon_{10/745}$	expiration date.
		d the notary journal are the exclusive	-	2	nt that is notarized mu notary's signature, the	

Application Instructions

- 1. **Name** Print or type your name as you want it to appear on your commission certificate. You are required by law to use your full last name, while initials maybe used for first and middle names.
- **Date of Birth** Please provide your birth date in numerals: month/day/year. This is to confirm that applicants are at least 18 years of age.
- 2. Home Address Please provide the address at which you reside. If your mail goes to a post office box, please include a street address after the PO Box number. Also give the city, state and zip code.
- 3. **County of Residence** Please indicate the county in which you legally reside and are registered to vote, even if you work in a different county. You are commissioned for the county in which you live, but you are able to notarize anywhere in the state of Missouri. If you reside in St. Louis City, please put St. Louis City in the county blank.
- 4. **Daytime Phone Number** You are requested to provide a phone number where we can reach you BETWEEN THE HOURS OF 8:00 a.m. and 5:00 p.m., should we need to verify information given on the application.

E-mail Address - Please provide your e-mail address.

- 5. **Employer / Name of Business** Your employer's name is requested should we need to contact you during working hours. If unemployed, please enter "N/A" or enter "Self-employed" if you own your own business.
- 6. **Missouri Commission Number** If reapplying, please provide your Missouri commission number.
- 7. **Previous Commission Expiration Date** Please provide if reapplying.
- 8. **Previous Name** If your name has changed since your last commission, please provide your previous name.
- 9-17. **Yes or No** Please READ CAREFULLY AND ANSWER CORRECTLY the nine questions listed on this portion of the application.
- 18. **Notarial Oath** Complete the form by signing your name in the same name style you indicated in #1 on the application affirming that the information provided is true and complete.

Return Application, Training Course & Payment to:

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

MERICANO SOLUTION OF SOLUTION

ORDER FORM (All States)

American Association of Notaries

PO Box 630601, Houston, Texas 77263 Phone Number 1-713-644-2299 Fax 1-713-649-0011



Office Hours: 9am - 5pm CST

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So that we may process your order promptly, please provide us with a copy of your notary commission certificate. Use a work street address for faster delivery and tracking service. For fastest service, order online or call your orders in. Most orders placed by noon CST during our normal business hours will be shipped on the next business day. Name as it appears on your commission certificate* County Name (If Applicable) Commission or Appointment # Commission expiration date (mm/dd/yyyy):	Form of Payment Mail To: PO BOX 630601, Houston, TX Check enclosed payable to: America Check No. Please charge my credit card account MasterCard Pisscover Expiration Date:	an Association	AN.		
*New applicants: Enter your name as it appears on your notary application. Leave exp. date & comm. no. blank. Shipping Address	Customer Signature				
Company Name	Billing Address (Leave blank if same as sh	nipping)			
Address					
City Zip Zip	Email Address				
Daytime Phone Number ()	AAN Membership/Account No. (if available) Refund Policy: Requests for refunds on all incomplete orc	ders must be in writing]. 		
Type in any special instructions regarding shipp	ing, stamp manufacturing, or other :	special need	S		
ITEM # QUANTITY PRODUCT DESCRIPTION (Include col Four-year \$10,000 Missouri Nota		PRICE \$30.00	TOTAL		

IIEM#	QUANIIIY		PRICE	IOIAL
		Four-year \$10,000 Missouri Notary Bond	\$30.00	
		Four-year \$10,000 Missouri Notary Errors & Omissions Insurance	ce Included	
		Missouri Notary Application Fee	\$25.00	
		Notary Supply Package (Notary Journal, inked stamps)	\$14.95	
- "		Please add an		,

California notaries - Mail original "Certificate of Authorization" with your order.

Oregon notaries - Mail/Fax a copy of the "Certificate of Authorization" with your order.

AZ/GA/MO/MT/NV/WA notaries - Mail/Fax a copy of your notary commission certificate.

North Dakota notaries - Mail/Fax "Authorization to purchase notary public seal/stamp" form.

Utah notaries - Mail/Fax "Certificate of Authority of Notary Public" form.



Please add an additional \$7.00 for UPS Ground delivery.

Sub-total \$
USPS Shipping \$

\$ 6.95

TOTAL