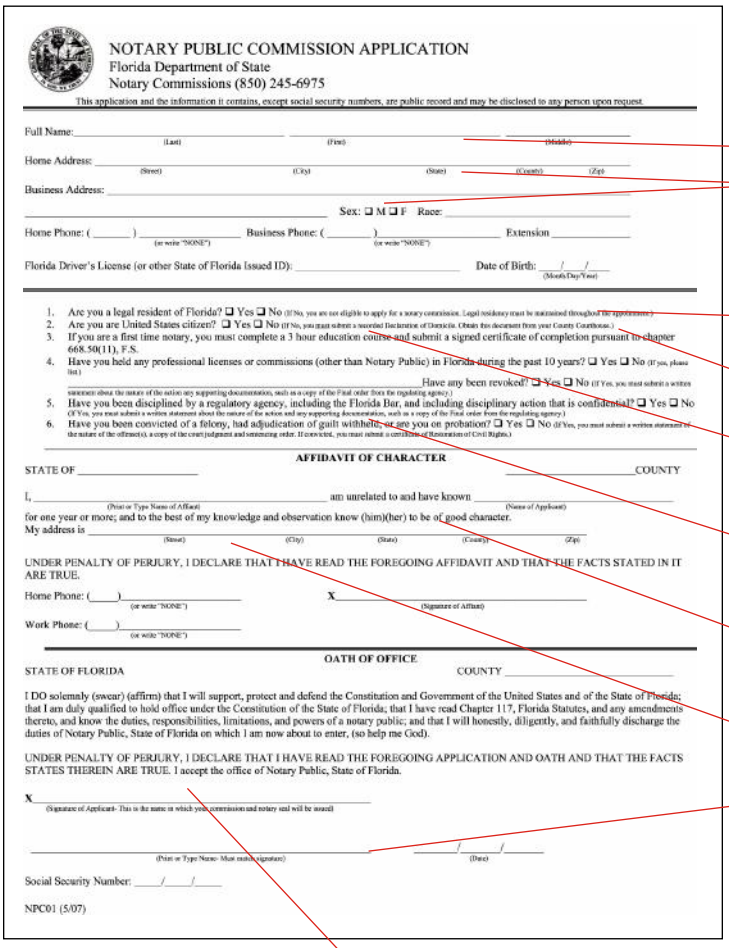
Procedures for Executing Notary Appointment Documents



NOTARY PUBLIC COMMISSION APPLICATION
Florida Department of State
Notary Commissions (850) 245-6975

This application and the information it contains, except social security numbers, are public record and may be disclosed to any person upon request.

Full Name: _____ (Last) _____ (First) _____ (Middle)

Home Address: _____ (Street) (City) (State) (County) (Zip)

Business Address: _____

Sex: ☐ M ☐ F Race: _____

Home Phone: (____) _____ (or write "NONE") Business Phone: (____) _____ (or write "NONE") Extension _____

Florida Driver's License (or other State of Florida Issued ID): _____ Date of Birth: __/__/__ (Month/Day/Year)

1. Are you a legal resident of Florida? ☐ Yes ☐ No (If No, you are not eligible to apply for a notary commission. Legal residency must be maintained throughout the appointment.)
2. Are you are United States citizen? ☐ Yes ☐ No (If No, you must submit a recorded Declaration of Domicile. Obtain this document from your County Courthouse.)
3. If you are a first time notary, you must complete a 3 hour education course and submit a signed certificate of completion pursuant to chapter 668.50(11), F.S.
4. 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 _____ Have any been revoked?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 any supporting documentation, such as a copy of the Final order from the regulating agency.)
5. 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.)
6. Have you been convicted of a felony, had adjudication of guilt withheld, or are you on probation? ☐ 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.)

AFFIDAVIT OF CHARACTER

STATE OF _____ _____ COUNTY

I, _____ (Print or Type Name of Affiant) am unrelated to and have known _____ (Name of Applicant) for one year or more; and to the best of my knowledge and observation know (him)(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: (____) _____ (or write "NONE") X _____ (Signature of Affiant)

Work Phone: (____) _____ (or write "NONE")

OATH OF OFFICE

STATE OF FLORIDA COUNTY _____

I DO solemnly (swear) (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 of Florida; 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 honestly, diligently, and faithfully discharge 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 STATES THEREIN ARE TRUE. I accept the office of Notary Public, State of Florida.

X _____ (Signature of Applicant- This is the name in which your commission and notary seal will be issued)

_____ (Print or Type Name- Must match signature) __/__/__ (Date)

Social Security Number: ___/___/___

NPC01 (5/07)

Complete all fields in black ink.
Do not leave any questions blank or use N/A.
Enter "None" where applicable

Use only your legal name exactly as you wish to sign as notary.

Use a street address. A P.O. Box is not acceptable.

Enter your home and business phone numbers. Be sure to include the NAME of your place of business in the area marked 'business address.' Enter "None" if non applicable.

If you answer "No" to question 1 you are not eligible to become a Florida notary

If you answer "No" to question 2, you must submit a Declaration of Domicile recorded with the county clerk of your residence county.

New applications must complete a 3-hour mandatory notary education course and submit a signed certificate of completion. Go to **www.floridanotaries.com** for free online course.

If you answer, "Yes" to question 4, 5. or 6, you must submit proper documentation in order for the Governor's office to process your application.

New and renewal notaries are required to have "Affidavit of Character" section completed by a person unrelated to you and have personally known for more than a year.

Have the Affiant enter their street address. PO Box is acceptable.

Sign the "Oath of Office" section. This will be your commissioned signature that you will use when performing notarial acts.

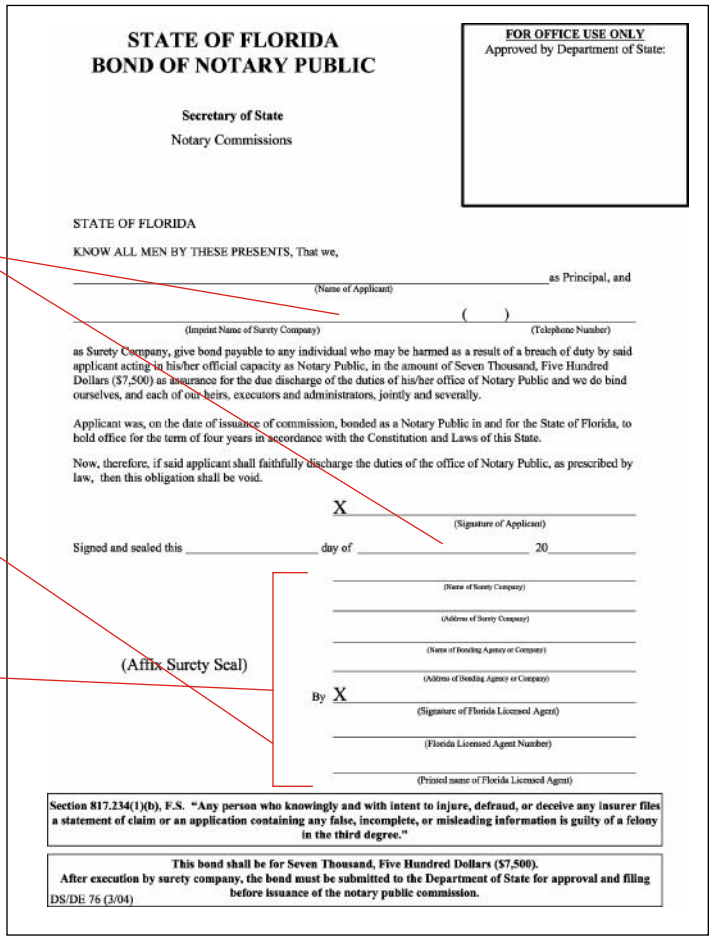
Bond

Enter your name and sign at the (X) marked "Signature of Applicant" exactly as you signed the "Oath of Office" section

Leave these lines blank. They will completed by the American Association of Notaries, Inc. as your Insurance company.

NOTE TO RENEWING NOTARIES:
If you are renewing a notary commission, please write 'RENEWAL' at top of application form, above 'NOTARY PUBLIC COMMISSION APPLICATION'. Also include your notary commission number and expiration date, and name if different than used on this application.

If you have any questions, please call us toll-free at 1-800-721-BOND (2663)



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____

(Affix Surety Seal)

_____ (Name of Surety Company)
_____ (Address of Surety Company)
_____ (Name of Bonding Agency or Company)
_____ (Address of Bonding Agency or Company)
By X _____ (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.

DS/DE 76 (3/04)

Bonds and errors and omissions insurance policies provided bythis insurance agency, American Association of Notaries, Inc., are underwritten by Western Surety Company (established 1900). American Association of Notaries is owned by Kal Tabbara licensed.

NOTE TO ALL APPLICANTS: Be sure to include the NAME of your place of business in the area marked 'business address.' Enter your email address and cell phone in the space below your Florida driver's license if you would like us to reach you that way.

WEB INST. FL 9-2007