



# 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: \_\_\_\_\_  
(or write "NONE")

Extension: \_\_\_\_\_

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Have any been revoked?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.)
- 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.

\_\_\_\_\_  
(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 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. §119.071 should be excluded from inspection under Public Records Law.

If Yes, please indicate which section of Florida Statutes provides this exemption from the Public Records Exemption Guide attached:

<https://dos.myflorida.com/media/695951/dos119.pdf>

\*The attached DOS Public Records Exemption Request form is to act a guide to assist applicants and does not have to be submitted if the “Yes” box is not checked.

**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)

Western Surety Company

(800 ) 331-6053

(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.



(Signature of Applicant)

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Western Surety Company

(Name of Surety Company)

P.O. Box 5077, Sioux Falls, SD 57117-5077

(Address of Surety Company)

American Association of Notaries, Inc.

(Name of Bonding Agency or Company)

8811 Westheimer, Suite 207, Houston, Texas 77063

(Address of Bonding Agency or Company)

By \_\_\_\_\_

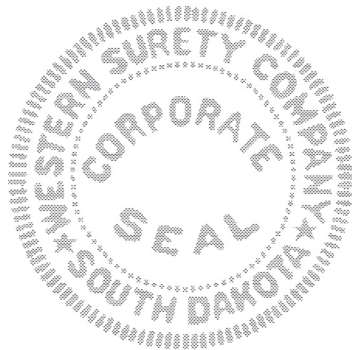
(Signature of Florida Licensed Agent)

E070686

(Florida Licensed Agent Number)

Kal Tabbara

(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](http://www.floridanotaries.com) • 1-800-721-2663

Please type or print clearly. All fields must be completed. Enter "N/A" 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 "n/a" for the place, business address, and phone number.

## 2 Eligibility Questions

If you answer "Yes" to questions 4, 5, 6, and 7, 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 on your notary commission to be issued.

The name you use on the oath of office section will be the official notary name that will be printed on the notary commission that you will use when notarizing documents. Your notary seal and stamp must also include the same name printed on your notary commission.

You can 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 Bond

Type, print, and sign the bond section. 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, and the certificate of course completion to: AAN

P.O. BOX 630601, Houston, Texas 77263

We will review your application for accuracy and completeness, issue the bond, and file it with the Governor's Office.

The image shows the first two sections of the Florida Notary Public Commission Application form. Section 1, 'PERSONAL INFORMATION', includes fields for Full Name, Home Address, Place of Employment, Business Address, E-mail Address, Home Phone, Business Phone, Florida Driver License or other State of Florida ID, Social Security Number, Date of Birth, and Sex. It also has checkboxes for 'Unemployed' and 'Retired'. Section 2, 'AFFIDAVIT OF CHARACTER', includes a statement of character and a signature line for the affiant.

The image shows the third and fourth sections of the Florida Notary Public Commission Application form. Section 3, 'OATH OF OFFICE', includes a statement of office and a signature line for the notary. Section 4, 'MEMORANDUM', includes a statement of office and a signature line for the notary.

The image shows the fifth section of the Florida Notary Public Commission Application form, 'SURETY BOND'. It includes a statement of office and a signature line for the notary.

# 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.
- ☐ Signed "Oath of Office" page of the application.
- ☐ Signed "Notary Bond" page of the application.
- ☐ Signed "Certificate of Completion" for the three-hour notary training course *(for first-time applicants only)*.
- ☐ Payment for the four-year, \$7500 notary bond and the state filing fee (\$79.00). Use the attached order form or continue to step 6 to pay for the bond and state filing fee (step 3).
- ☐ Payment for notary supplies. Use the attached order form or continue to step 6 to place an order. Florida law requires notaries to use, at a minimum, a notary stamp on all documents they notarize.

## **Please return all of the above to:**

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

**OR**

American Association of Notaries  
8811 Westheimer, Suite 207  
Houston, Texas 77063

Please allow two to three weeks for the Dept. of State Office to approve your application and to receive your notary certificate and supplies. Additional time is needed if we receive incomplete applications.



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www.floridanotaries.com • sales@usnotaries.com

