



NOTARY PUBLIC COMMISSION APPLICATION
 Florida Department of State
 Notary Commissions and Certifications Section (850) 488-7521

This application and the information it contains are public record and may be disclosed to any person upon request.

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

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____ Sex: _____ Race: _____
(Month/Day/Year)

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

Mailing Address (If different from above) _____
(Street or P.O. Box) (City) (State) (Zip)

Place of Employment: _____
(indicate if "unemployed" or "retired")

Business Address: _____
(Street) (City) (State) (Zip)

Home Phone: (_____) _____ Business Phone: (_____) _____ E-Mail Address: _____
(or write 'NONE') (or write 'NONE')

Florida Driver's License (or other State Issued ID): _____

Are you now or have you ever been commissioned a Notary Public in the State of Florida? YES NO

If Yes: _____
(Commission expiration date) (Commission Number) (Name in which your commission was issued)

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Are you a legal resident of Florida? <small>(If No, you are not eligible to apply for a notary commission. Legal residency must be maintained throughout the appointment.)</small> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a United States citizen? <small>(If No, you must submit a recorded Declaration of Domicile. Obtain this document from your County Courthouse.)</small> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you held any professional licenses or commissions in Florida during the past 10 years (If Yes, please list): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have they been revoked? (If Yes, attach an explanation.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you been disciplined by a regulatory agency, including The Florida Bar, and including disciplinary action that is confidential or where the record has been sealed or expunged? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been convicted of a felony, had adjudication of guilt withheld, or are you on probation? <small>(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.)</small> | <input type="checkbox"/> | <input type="checkbox"/> |

EDUCATION REQUIREMENT

Florida Law now provides that "A first-time applicant for a notary commission must submit proof that the applicant has, within 1 year prior to the application, completed at least 3 hours of interactive or classroom instruction, including electronic notarization, and covering the duties of the notary public." (Ch. 668.50(11) F.S.)

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)(her) to be of good character.

My address is _____
(Street) (City) (State) (Zip)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

Residence Phone: (_____) _____ **X** _____
(or write 'NONE') (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 PENALTIES 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.

X _____ / _____ / _____
(Signature of Applicant in which commission will be issued) (Print or Type Signature of Applicant) (Date) DS-DE 77 (5/03)

**STATE OF FLORIDA
BOND OF NOTARY PUBLIC**

Glenda E. Hood
Secretary of State
Notary Commissions and Certifications Section

FOR OFFICE USE ONLY
Approved by Department of State:

STATE OF FLORIDA _____ COUNTY

KNOW ALL MEN BY THESE PRESENTS, That we,

_____ as Principal, and
(Name of Applicant)

SERVICE INSURANCE COMPANY (941) 746-4107
(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 _____ 19 _____

SERVICE INSURANCE COMPANY
(Name of Surety Company)
4730 STATE ROAD 64 E., BRADENTON, FL 34208
(Address of Surety Company)

SANDBERG INSURANCE AGENCY, INC.
1918 E. HILLCREST ST., ORLANDO, FL 32803
(Address of Bonding Agency or Company)

By X
(Signature of Licensed Resident Agent)

(Social Security Number of Licensed Resident Agent)

JANICE C. SANDBERG
(Type name of Licensed Resident 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 (5/03)

**PLEASE EXAMINE
THE FOLLOWING**



Application Checklist

Thank you for choosing Florida Notary Association, Inc. to process your notary appointment. Your appointment package should be sent to you in approximately two weeks from receipt of the required application forms in our office.

Please take a moment to review the checklist below before returning your forms to our office for processing:

- ◇ **Have you signed your application and bond forms where indicated?**
- ◇ **Did you include your Florida driver's license number where requested on the application?**
- ◇ **Has a friend of yours completed and signed the "Affidavit of Character" section of the application?**
- ◇ **If you are a new notary applicant ... have you enclosed a signed copy of your "Certificate of Completion" form from the educational web site?**
- ◇ **If you are not a U.S. citizen ... have you enclosed a copy of your recorded Declaration of Domicile?**
- ◇ **Have you enclosed your payment of \$95.00 (made payable to Florida Notary Association, Inc.)?**

Please let us know if we can be of assistance to you either during the commissioning process or at any time during your term as a notary public in the State of Florida. We appreciate your business and hope that you will give us the opportunity to service your notary appointment needs in the future.

Mail your forms and payment to:

Florida Notary Association, Inc.

1918 Hillcrest Street, Orlando, Florida 32803

Toll-Free (800) 432-4254 ◇ Local (407) 894-6614 ◇ Fax (407) 896-8931

Email: mail@fnotary.com ◇ Web site: www.fnotary.com