



STATE OF CALIFORNIA
SECRETARY OF STATE
NOTARY PUBLIC APPLICATION

IMPORTANT – Read instructions on back before completing this application - type or print in ink
This application is presented for filing pursuant to Government Code section 8201.5

1. Social Security Number	2. Date of Birth (month/day/year)	3. Driver's License or ID (Optional)	Appl ID (For Filing Officer's Use Only)
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4. Applicant's Name (first)	(middle)	(last)
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5. Name of Principal Place of Business (If no business name, enter "Self employed" or "Self")	Telephone Number (Optional) ()
6. Business Location Address (Do not list a P.O. Box)	City (Do not abbreviate)
Zip Code	

County of Your Business Location (Do not abbreviate)

7. Mailing Address (Where you want notary public information mailed)	City	Zip Code
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8. Residence Address (Do not list a P.O. Box)	City	Zip Code
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Please check Yes or No for questions 9 to 15:

9. Have you completed a 6-hour (or 3-hour if applicable) education course approved by the Secretary of State? If yes, enter the vendor number and the date of completion of the course. Attach your Proof of Completion certificate to this application.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Vendor No. (from certificate) _____ Date of Completion of Course (from certificate) _____		

10. Are you a legal resident of California?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

11. Are you a U.S. Citizen? If your answer is "No," provide Alien Registration Number.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

12. Have you ever used another name? If Yes, list name(s):	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

13. Have you ever been held liable by a court in any suit based on fraud or misrepresentation, failure to discharge the duties of a notary public, or violation of state regulatory law? If Yes, please give details in Item 16.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

14. Have you at any time had a professional license or notary public commission denied, revoked, restricted or suspended? Have you ever had to resign a license or commission under unfavorable circumstances? If Yes to either question, see instructions provided on back and give details in Item 16.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

15. Have you ever been convicted by any court of a misdemeanor , OR a felony , OR have you ever been arrested or cited for an offense for which trial is pending ?* Applicants are required to disclose ALL convictions, including convictions dismissed under Penal Code Sections 1203.4 or 1203.4a. If Yes to any of the questions, give details in Item 16. If convicted under another name, list other name(s) in Item 12 above.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

*All convictions must be disclosed even if you have disclosed the conviction(s) on a previous notary public application. Convictions dismissed under Penal Code sections 1203.4 OR 1203.4a must also be disclosed.

16. Additional Information: (if additional space is required, attach a separate sheet of paper 8 1/2" x 11" in size.)

17. For persons previously holding California notary public commissions: (Print name exactly as shown on previous commission)	(Last Commission No., if known)	(Expiration date)
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18. Print your name exactly as you want it shown on your commission. Note: You will be required to present identification to the county clerk when you file your oath and bond. The identification <u>must</u> substantially match the requested official notary public name shown below.		
(first)	(middle)	(last)

<p>19. I agree and understand that any misstatements or omissions of material facts will result in the denial or revocation of my notary public appointment and possible criminal liability.</p> <p>I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct.</p> <p>Executed in the State of _____, County of _____, City of _____ (or unincorporated area)</p> <p>on _____ Date Official Signature: _____ (This signature must be used by you for all official notarial acts.)</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">For Filing Officers Use Only</p>
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INSTRUCTIONS FOR NOTARY PUBLIC APPLICATION

Read all instructions and information carefully. Type or print in blue or black ink. Questions regarding this application should be directed to the Notary Public Section at (916) 653-3595. Only your official signature should be written, all other information should be typed or printed legibly. You are required to complete all applicable items before you will be issued a commission. Obtain any information necessary to complete the application before you arrive at the examination site. You must attach a 2" x 2" color passport photograph of yourself to this application.

1. Enter your social security number. You must provide your social security number pursuant to Family Code section 17520(d).
2. Enter the month, day and year of your birth.
3. Enter your driver's license number or, if you do not have a driver's license, enter your California identification number. (Optional)
4. Enter your full name – first, middle, last, and suffix (Sr., Jr., III, etc.), if applicable. The name entered must be your first, middle and last name. You may not alter your last name in any way. It will be used for identification purposes and must match your picture identification used for entry to the examination. If you do not have a middle name, enter "NMN" in the appropriate space. If your first or middle name consists of an initial only, enter "Initial Only" following the initial.
5. Enter the name of the business or, if you do not work for a business or do not have a business name, enter "Self employed" or "Self." Enter the telephone number of your principal place of business. Your telephone number is optional.
6. Enter the street address of your principal place of business where you will perform 50% or more of your notary public duties. Do not enter a P.O. Box number. If your principal place of business has no street and number address, enter the nearest intersection or street, highway or road name or number, or a rural free delivery route and box number.

Enter the city and zip code of your business location address. Do not abbreviate the name of the city.

Enter the name of the county where your principal place of business is located to ensure your commission is issued for the correct county. Do not abbreviate the name of the county.

Please note, this address is public information and will be provided to the public upon request.

7. Enter the address where you would like to receive notary public information if different from Item 6. Notary public commissions will be mailed to this address if different from Item 6. The mailing address may be a P.O. Box. **Please note, this address is public information and will be provided to the public upon request.**
8. Enter your residence address. Do not enter a P.O. Box number. If your residence address has no street and number address, enter the nearest intersection or street, highway or road name or number, or a rural free delivery route and box number. **Please note, this address will be provided to the public upon request.**
9. Enter the vendor number and date the course was completed. Staple your notary public education Proof of Completion certificate to this application.
10. You must be a legal resident of California in order to qualify to become a notary public pursuant to Government Code section 8201, except as otherwise provided in Government Code section 8203.1.
11. If you are not a U.S. citizen, enter your Alien Registration Number in the space provided. This number usually begins with the letter "A." A work permit, visa, investor's visa, etc. does not meet this requirement.
12. Enter any other name(s) e.g., maiden name, prior married name, name used prior to U.S. citizenship, etc.
13. If yes, you must provide the information in Item 16. Your application will be rejected if you do not provide the information.
14. If yes, indicate in Item 16 the type of license, the name under which it was issued, the date and reason of the revocation, denial, suspension, restriction, or resignation, and the name and address of the licensing agency. (Do not include driver's license.)
15. If Yes, disclose in Item 16 of this application the date and place where arrested or cited, whether the conviction was for a misdemeanor or a felony, the name of court and court case number, the code section of the violation and/or a brief description of the offense, and the sentence imposed. Also, include the date you were released from probation, parole, or incarceration. DUIs must be disclosed. You must disclose any criminal charges pending in any court of law. Your application will be rejected if you fail to provide the information in Item 16. To determine whether you have a conviction that may disqualify you from obtaining a notary public commission, refer to the disciplinary guidelines for a list of the most common disqualifying convictions. You may access the disciplinary guidelines through the Secretary of State website at www.sos.ca.gov/business/notary/, or you may obtain a copy by calling the Notary Public Section at (916) 653-3595.

Note: All convictions must be disclosed, including those convictions dismissed under Penal Code section 1203.4 OR 1203.4a. The Secretary of State does not refer to previous notary public applications for conviction information.

17. If you currently hold a commission, or have held a prior commission, enter the name exactly as shown on your most recent commission, the commission number of your most recent commission, and the expiration date of your most recent commission.
18. Type or print your name exactly as you want it on your commission. The first and middle names listed may include initials; however, a full last name is required. Also, titles or quotes are not acceptable. **Note:** You will be required to present identification to the county clerk when you file your oath and bond. The identification must substantially match the requested official notary public name.
19. This application is signed under penalty of perjury. Enter the state, county and city (or unincorporated area) where the application was signed and enter the date it was signed. This official signature must be used by you for all official notarial acts.

PRIVACY NOTIFICATION

Civil Code section 1798 et seq. requires each state agency to provide this notice to individuals completing this application. This information is being requested by the Secretary of State's office, Notary Public Section, P.O. Box 942877, Sacramento, California 94277-0001, Telephone (916) 653-3595. Application information and fingerprints are requested as authorized by Gov. Code section 8201.1. The principal purposes for this information are: 1. to determine the fitness of persons to serve in the capacity of notary public; 2. to determine if any disqualifying crimes have been committed by applicants; and 3. to enable the Secretary of State to carry out the duties required by law. Information on this form filed by the applicant with the Secretary of State, except for the name and address, is confidential and no individual record shall be divulged by an employee having access to it to any person other than the applicant, his/her authorized representative, or an employee or officer of the federal government, the state government, or a local agency, as defined in Gov. Code section 6252(b), acting in his/her official capacity.