



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

Complete and Return Originals to:
National Notary Association
9350 De Soto Avenue
Chatsworth, CA 91311-4926

Please note that applicants are subject to Florida Department of Law Enforcement (FDLE) background checks. Failure to disclose any felony conviction(s) and/or adjudication of guilt withheld for felony offense(s) may result in the suspension of the notary commission and/or referral to FDLE. § 117.01(4), Fla. Stat.

BOTH SIDES AND ALL FIELDS ARE REQUIRED.

PERSONAL INFORMATION

(PLEASE COMPLETE EACH FIELD BEFORE MAILING APPLICATION.)

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")

Sex: ☐ Male ☐ Female Race: ☐ Asian ☐ Black or African American ☐ Native American or Alaska Native ☐ White ☐ Other: _____

Home Phone: _____
(or write "NONE")

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

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

Social Security Number _____ **< Must Include**

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: (____) _____ X _____
(or write "NONE") (or write "NONE") (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.

X _____
(Official Signature of Applicant)

< Sign Here

_____/_____/_____
(Date)

< Print Name Here

(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

*Note: If you affirm, you may omit the words
“So help me God.” Fla. Stat. §92.52.

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 CERTAIN ENUMERATED PERSONS, INCLUDING, BUT NOT LIMITED TO, PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. (SEE SECTION 119.071, FLORIDA STATUTES) IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR FLORIDA NOTARY PUBLIC COMMISSION APPLICATION SUBMISSION, PLEASE OBTAIN A PUBLIC RECORDS EXEMPTION FORM FROM THE FLORIDA DEPARTMENT OF STATE BY ACCESSING THE FOLLOWING LINK AND FOLLOWING THE INSTRUCTIONS ON THE FORM:
<https://dos.myflorida.com/sunbiz/other-services/subpoenas-and-public-records-exemption-requests/>



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)

Merchants Bonding Company (Mutual)

(515) 243-8171

(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____

Merchants Bonding Company (Mutual)

(Name of Surety Company)

6700 Westown Parkway, West Des Moines, IA 50266-7754

(Address of Surety Company)

National Notary Association

(Name of Bonding Agency or Company)

9350 De Soto Avenue, Chatsworth, CA 91311-4926

(Address of Bonding Agency or Company)

By X

(Signature of Florida Licensed Agent)

License # W081128

(Florida Licensed Agent Number)

William A. Anderson

(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)

**Please
Sign
Here**

Instructions for Notary Commissioning Process

Make sure to fill out all fields indicated, or your application may be rejected. If you need assistance with completing your application, call the NNA®: 1-888-867-6827 (M–F, 9:00 a.m.–8:00 p.m. EST)

1. Complete Your Notary Public Commission Application and Bond Forms

Notary Public Commission Application Application

- Fill out this section completely. Do not leave any blank spaces. Write “None” (not “N/A”) for questions that do not apply to you. Make any corrections to the pre-filled data directly on the form or print a blank form at NationalNotary.org/FL/Renew.
- Provide a physical Florida residential address **and county**. Do not use a PO Box number. If business address is referenced, you must include the company name (place of employment).
- Provide at least one telephone number.
- Indicate your race. If you are of mixed background, please specify the combination. “Other” is not acceptable.
- Include your Florida Driver’s License number or number from another Florida state-issued ID. If using your Driver’s License information, make sure **all 12 digits** are provided.
- Your date of birth must match state records.
- Include your Social Security number. Your Social Security number is required by Subsection 117.01(2), Florida Statutes. It may be used to facilitate a criminal background check.

Affidavit of Character

This section must be completed and signed by a person who has known you for at least one year and is not related to you. He or she must sign their name where indicated by an “X.”

Oath of Office

Sign the oath of office and print your name exactly as you want it to appear on your commission certificate. **Your signature must match your printed name — do not shorten the name or use nicknames.** To read Chapter 117, Florida Statutes, go to NationalNotary.org/FL/Renew.

2. Complete and Sign Your State of Florida Bond of Notary Public

- Print your name.
- Leave date line blank. This will be completed in our office.
- Sign your name.
- Leave this signature line blank.

3. Payment and Application Submittal

If you have already purchased your bond, send your original application and bond form(s) to:

National Notary Association
9350 De Soto Avenue
Chatsworth, CA 91311-4926

The NNA will submit your application and state fee to the Department of State for you.

If you have not yet purchased your bond, select an NNA Notary supply package that includes your state application fee, state-required Notary bond, official Notary seal stamp and other supplies that meet your needs. Different packages are available at NationalNotary.org/FL/Renew.



NATIONAL
NOTARY
ASSOCIATION

NOTE: New Notaries must complete a state-required Notary training course. A copy of the Training Certificate of Completion must accompany your Application/ Bond Form when mailed to the NNA.