



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

BOTH SIDES AND ALL FIELDS ARE REQUIRED. (PLEASE COMPLETE EACH FIELD BEFORE MAILING APPLICATION.)

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: _____ 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? 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Have any been revoked?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 or Type Name – Name for which your commission will be issued)

< Print Name Here

*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 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 with the attached form:

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



PUBLIC RECORDS EXEMPTION REQUEST
to the FLORIDA DEPARTMENT OF STATE

Florida law allows eligible persons and their employing agencies to request in writing that a non-employing agency maintain as exempt from public disclosure certain identification and/or location information contained in records within the agency's custody. **If an employing agency is requesting for the employee**, add agency name, and requester's name and title, to the signature line.

NOTE: The officer, employee, justice, judge, other person entitled to the exemption, or employing agency of the designated employee, **must** submit this written request **directly** to a custodial agency in order for the agency to maintain the exemption for the records in its custody. For records in the custody of the Department of State, please return this completed form or a written request directly to: *Department of State, Attn: Public Records Officer, R.A. Gray Building, Ste. 100, 500 S. Bronough St., Tallahassee, FL 32399.* To have an exemption maintained in the records in the custody of any other agency, please contact that agency directly for information on how to make a written request.

If your spouse and/or children are subject to your exemption (not applicable for victim* of battery, abuse, harassment, or stalking or for participant* in address confidentiality program), please check here and attach a page with the name, date of birth, and relationship of each to assist in identifying each person in any public records within the custody of the agency.

To facilitate processing your request for any of records in the custody of the Division of Corporations, please complete the Addendum for Exemption of Public Disclosure on the next page. *If not applicable*, check here .

I hereby request exemption maintenance by your agency based on the following category/categories for which I qualify:

- Code Enforcement Officer.
- County Tax Collector. †
- Dept. of Business and Prof. Reg. investigators and inspectors. †
- Inspector general or internal audit dept. personnel whose duties include auditing/investigating waste, fraud, abuse, theft, exploitation, or activities that could lead to criminal prosecution or admin. discipline. †
- Dept. of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities.
- Judicial or quasi-judicial officer (general/special magistrate, judge of compensation claims, administrative law judge of the Div. of Admin. Hearings, and child support enforcement hearing officer). †
- Dept. of Health personnel whose duties support the investigations of child abuse or neglect.
- Juvenile probation officers, juvenile probation supervisors, detention superintendents, assistant detention superintendents, juvenile justice detention officers I/II, juvenile justice detention officer supervisors, juvenile justice residential officers, juvenile justice residential officer supervisors I II, juvenile justice counselors, juvenile justice counselor supervisors, human services counselor administrators, senior human services counselor administrators, rehabilitation therapists, and social services counselors of the Dept. of Juvenile Justice.
- Dept. of Health personnel whose duties include, or result in, the determination/adjudication of eligibility for social security disability benefits, investigation/ prosecution of complaints filed against health care practitioners, or inspection of health care practitioners or health care facilities licensed by the Dept. of Health. †
- Law enforcement personnel, including civilian personnel, correctional officers and correctional probation officers.
- Dept. of Financial Services personnel whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations.
- Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor).
- Dept. of Revenue personnel or local government personnel whose duties include revenue collection and enforcement or child support enforcement.
- Public defenders and criminal conflict and civil regional counsel (includes assistant public defenders, assistant criminal conflict and assistant civil regional counsel).
- Emergency medical technicians or paramedics certified under chapter 401, F.S. †
- Member of U.S. Armed Forces, reserve component of U.S. Armed Forces, or National Guard who served after 9/11/2001. †
- Firefighter certified in compliance with s. 633.408, F.S.
- U.S. Attorney or Assistant U.S. Attorney, U.S. circuit judge, U.S. district judge, or U.S. magistrate judge. †
- Guardian ad litem as defined in s. 39.820, F.S. †
- Human resource, labor relations, or employee relations director; assistant director, manager, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties.
- Victim* of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence—Please attach official verification that crime occurred—Exemption for 5 years from date of this request.**
- Impaired practitioner consultant, retained by an agency, whose duties result in determination of person's skill and safety to practice licensed profession (includes consultant's employees). †
- Certified Participant* in Address Confidentiality Program under s. 741.403, F.S.—Exemption applies only to participant's name, address, and telephone number in voter registration and voting records—Please attach copy of certification or renewal.**
- Justice of Florida Supreme Court; or judge of district court of appeal, circuit court, or county court.

Printed Name: _____ Date of Birth: _____ Phone Number: _____

Home Address: _____

Signature (and Title, if app.) of Requester:† _____ Date: _____

† **If specially indicated category selected**, person also certifies, by signature herein, that he or she has made reasonable efforts to protect information from being publicly accessible through other means available to the public.



**ADDENDUM FOR EXEMPTION OF PUBLIC DISCLOSURE
ONLY FOR DIVISION OF CORPORATIONS RECORDS**

Before the Florida Department of State, Division of Corporations can act on your request; it needs the following additional information from you:

1. Complete home address that is to be redacted:

2. Are you now or have you ever been listed on the Division of Corporations' records as:

- | | | |
|---|------------------------------|-----------------------------|
| a. an officer or director of a corporation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. a managing member or manager of a limited liability company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. a general partner in a limited partnership? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. an owner of a fictitious name? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. a partner in a general partnership? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. a notary? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. an owner of a trademark registration | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

3. Have you ever had a judgment lien filed against you that would have been filed in this office after October 1, 2001 Yes No

If you answered "Yes" to one or more of the questions, we ask you provide the name of the entity, registration or filing and an alternate address that can replace the one we currently have in our records. We cannot have a record with a missing address.

Name/Names of entity or registration:

Alternate address to replace the one current on our records:

Please return this addendum with the **Public Records Exemption Request** form.
For question concerning this addendum, call 850.245.6536.



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.

Please
Sign
Here

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, P.O. Box 2402, Chatsworth, CA 91313-2402

(Address of Bonding Agency or Company)

By X

(Signature of Florida Licensed Agent)

License # P155576

(Florida Licensed Agent Number)

Mary Elizabeth Erba

(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)

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® Application Hotline: 1-888-867-6827 (M–F, 9:00 a.m.–8:00 p.m. ET)

1. Complete Your Notary Public Commission Application and Bond Forms

Notary Public Commission 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.

Memorandum

Carefully review the memorandum and check the box if you agree to the statement. If you have additional questions, please call the phone number provided.

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.



1-800-US NOTARY (1-800-876-6827) • NationalNotary.org

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.