



STATE OF IDAHO NOTARY PUBLIC APPLICATION CHECKLIST

Idaho State Employees STOP HERE

Idaho State Employees must contact the Dept. of Administration before proceeding with your notary application. Contact Penny Thorpe at (208) 332-1824, or email notary@adm.idaho.gov.

Missing any one of the steps provided below may cause your appointment as a notary public to be delayed.

Notary Application:

- _____ 1. I have indicated if this is a new commission or a recommission.
- _____ 2. If this is a recommission I have provided my state file number: <http://www.sos.idaho.gov/NotarySearch/>
- _____ 3. If this is a recommission, my commission expires within 90 days, or has expired.
- _____ 4. The name I entered on the application matches the name on my notary seal *exactly*.
- _____ 5. I have provided a physical address on the application.
- _____ 6. I have truthfully answered "NO" to all of the notary qualifications.
- _____ 7. I have sworn the Oath of Office before a commissioned notary public.
- _____ 8. I have signed the Oath of Office.
- _____ 9. The Oath of Office is notarized by a commissioned notary (not myself).

Notary Bond:

- _____ 10. I have a notary bond in the amount of \$10,000.
- _____ 11. My notary bond was issued within the past 90 days.
- _____ 12. I have signed the notary bond.

Submission:

- _____ 13. I will submit to the Secretary of State:
 - _____ a. My notary public application (1 page).
 - _____ b. My original, signed, notary bond (1 page).
 - _____ c. A payment of \$30.00 (unless I am an exempt government employee).
- _____ 14. I will not submit to the Secretary of State:
 - _____ a. My Errors and Omissions policy.
 - _____ b. Insurance papers, other than my 1-page notary bond.

Make checks payable to: Idaho Secretary of State

Mailing address:
Idaho Secretary of State
P.O. Box 83720
Boise, ID 83720-0080

Physical address:
Idaho Secretary of State
450 N. 4th Street
Boise, ID 83702

Phone: (208) 332-2849



STATE OF IDAHO NOTARY PUBLIC APPLICATION

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080

Fee: \$30 – Make checks payable to: Secretary of State

****Submit your signed notary bond with this application.****

CHECK ONE: New Appointment

Reappointment of commission number: _____

Find your commission number at: <http://www.sos.idaho.gov/NotarySearch/>

Former Name: Only needed if you were previously commissioned in Idaho under a different name.

FORMER Last Name:	FORMER First Name:

Part 1. Government employment: If you can truthfully answer "yes," there is no fee for filing this application.

Are you a city, county, or state **government** employee? Yes No

If yes, government agency name: _____ Agency phone: _____

Part 2. Applicant Information: Enter your name exactly as it will appear on your notary seal. Please note: The information provided in this application will be public record.

Last Name:	First Name:	Middle Name or Initial (if used):	Suffix (Jr., Sr., ect.):
Email Address (for future correspondence or information):		Daytime Phone Number:	
Physical/Residential Address (not a PO Box):		City:	State: Zipcode:
Name and Mailing Address (if different from applicant name and physical address):		City:	State: Zipcode:

Part 3. Idaho Notary Bond Information: Enter surety company name, and bond number (required).

Surety Company Name:	Bond Number:

Part 4. Qualifications: Mark the below statements "Yes" or "No".

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of a felony or crime involving fraud, dishonesty, or deceit? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been found in any legal proceeding or disciplinary action to have acted fraudulently, dishonestly, or deceitfully? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a notary commission denied, revoked, or restricted in any state? |

If you checked "Yes" to any of the qualifications, attach a detailed, written explanation, and ALL associated documentation

Part 5. OATH OF OFFICE: Swear (or affirm) and sign this oath in the presence of a commissioned notary (not yourself).

I, _____, solemnly swear (or affirm) that I am eighteen (18) years of age or older, I am a citizen or permanent legal resident of the United States, I am a resident of or have a place of employment or have a place of practice in Idaho, I am able to read and write, I am qualified to be appointed and commissioned as a Notary Public for the State of Idaho, and that the answers to all questions in this application are true, complete, and correct; that I have carefully read the notary laws of this State and I am familiar with their provisions; that I will uphold the Constitution of the United States and the Constitution and laws of the State of Idaho; and that I will faithfully perform, to the best of my ability, the duties of the office of Notary Public.

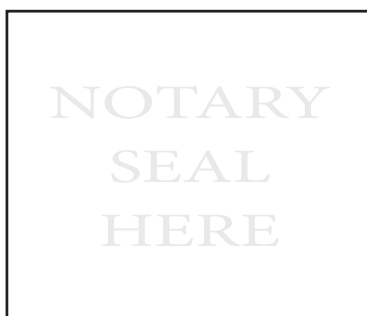
Applicant Signature: _____

State of Idaho _____)
County of _____)

Subscribed and sworn (or affirmed) before me
this _____ day of _____, 20____.

(Notary Public Signature)

My commission expires on _____, 20____.



This block for Secretary of State use only.
**DO NOT
STAMP, WRITE,
OR SIGN
IN THIS
AREA**