



State of Missouri

Jason Kander, Secretary of State

Commissions

PO Box 784, Jefferson City, MO 65102

Toll-Free (866) 223-6535 or (573) 751-2783

Non-Resident Application for Commission as a Notary Public

(Application fee \$25)

Print or Type

1. Name _____ Date of Birth (MM/DD/YYYY) _____
(This name must appear as it is signed in #21 below)
2. Home Address _____
City _____ State _____ Zip Code _____
3. Daytime Phone Number _____ E-mail Address _____
4. Employer/Name of Business _____
Street _____
City _____ State _____ Zip Code _____
5. County of Employment (St. Louis City Employers, please specify St. Louis City) _____
6. Missouri Commission Number (if reapplying) _____
7. Previous Commission Expiration Date (if any) _____
8. Previous Name (if your name has changed) _____

Check YES or NO for the following questions:

- | | | |
|---|------------------------------|-----------------------------|
| 9. Are you a permanent resident alien? (Sec. 245, Immigration and Nationality Act, requires that you attach a copy of your green card) | ☐ YES | ☐ NO |
| 10. Are you at least eighteen years of age? | ☐ YES | ☐ NO |
| 11. Do you work in Missouri? | ☐ YES | ☐ NO |
| 12. Will you use the notary seal in the course of your employment in Missouri? | ☐ YES | ☐ NO |
| 13. Do you have a work address in the county within and for which you have applied for a commission? | ☐ YES | ☐ NO |
| 14. Are you able to read and write the English language? | ☐ YES | ☐ NO |
| 15. Have you been refused a commission as a notary public or had a commission revoked? (<i>If yes, attach a separate letter indicating reason and date.</i>) | ☐ YES | ☐ NO |
| 16. Have you ever been convicted of or pled guilty or nolo contendere to any felony? (<i>If yes, attach a list and supporting documentation of such convictions or pleas of guilt or nolo contendere.</i>) | ☐ YES | ☐ NO |
| 17. Have you ever been convicted of or pled guilty or nolo contendere to any misdemeanor incompatible with the duties of a notary public? (<i>If yes, attach a list and supporting documentation of such convictions or pleas of guilt or nolo contendere.</i>) | ☐ YES | ☐ NO |
| 18. Do you authorize the Secretary of State as your agent and representative to accept service of process of service of any notice or demand required by law to be served upon you? | ☐ YES | ☐ NO |
| 19. Have you read the Missouri Notary Public Handbook and know the laws and duties of a Notary Public? | ☐ YES | ☐ NO |
| 20. Have you completed a state-approved notary training? (<i>Attach your certificate of completion or your completed written notary training form.</i>) | ☐ YES | ☐ NO |

21. NOTARIAL OATH

STATE OF MISSOURI

I, the person named above, do swear or affirm, under penalty of perjury, that the answers to all questions on this application are true and complete to the best of my knowledge and that I am qualified to be appointed and commissioned as a Missouri notary public.

X

Signature of Applicant (Signature MUST appear as it is typed or written in #1 above)

PAYMENT☐ \$25 Check or Money Order Enclosed (Payable to Director of Revenue)*Credit Card: ☐ Master Card ☐ Visa ☐ Discover ☐ American Express
*(\$1.25 convenience fee will apply)

NAME AS IT APPEARS ON CREDIT CARD _____

EXPIRATION DATE _____ CARD NUMBER (16 Digits) _____

SIGNATURE _____

Instructions

1. **Name** - Print or type your name as you want it to appear on your commission certificate. You are required by law to use your full last name, while initials may be used for first and middle names.
Date of Birth - Please provide your birth date in numerals: month/day/year. This is to confirm that applicants are at least 18 years of age.
2. **Home Address** - Please provide the address at which you reside. **If your mail goes to a post office box, please include a street address after the PO Box number.** Also give the city, state and zip code.
3. **Daytime Phone Number** - You are requested to provide a phone number where we can reach you BETWEEN THE HOURS OF 8:00 a.m. and 5:00 p.m., should we need to verify information given on the application.
4. **Employer/Name of Business** - Your employer's name is requested should we need to contact you during working hours. If unemployed, please enter "N/A" or enter "Self-employed" if you own your own business.
5. **County of Employment** - Please indicate the county where you are employed. If you work in St. Louis City, please enter St. Louis City.
6. **Missouri Commission Number** - If reapplying, please provide your Missouri commission number.
7. **Previous Commission Expiration Date** - Please provide if reapplying.
8. **Previous Name** - If your name has changed since your last commission, please provide your previous name.
- 9-20. **Yes or No** - Please READ CAREFULLY AND ANSWER CORRECTLY the 12 questions listed on this portion of the application.
21. **Notarial Oath** - Complete the form by signing your name in the same name style you indicated in #1 on the application affirming that the information provided is true and complete.

REQUIRED ENCLOSURES:\$25 application fee as required under Sections 486.225.2
and 28.160.3 RSMoCertificate of state approved notary training or completed
written notary training form**FORM MUST BE SIGNED UNDER
OATH ON FRONT PAGE**