

# NEBRASKA SECRETARY OF STATE

Business Services Division: Notary  
 1201 N Street, Suite 120, Lincoln, NE 68508  
 P. O. Box 95104 \* Lincoln, NE 68509  
[www.sos.ne.gov](http://www.sos.ne.gov)

## RENEWAL APPLICATION FOR NOTARY COMMISSION

Please type or print legibly in black ink. Applications will be rejected for incomplete responses.  
 This application is only accepted within the 30 days immediately preceding your current commission expiration date.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Home Address			
Street Address		Apartment/Unit #	
PO Box (if any)			
City	State	Zip	
Home Phone		E-mail Address (optional)	
Business Address (Required for non-resident applicant, optional for resident applicant)			
Company Name			
Street Address			
City	State	Zip	
Work Phone		Extension	
<i>Non-resident applicants must also submit an Evidence of Employment in Nebraska form.</i>			
NOTARY PUBLIC QUALIFICATIONS IN THE STATE OF NEBRASKA			
<b>Since last commissioned:</b>		3. Has your name changed?      YES <input type="checkbox"/> NO <input type="checkbox"/>	
1. Have you been convicted of a felony?      YES <input type="checkbox"/> NO <input type="checkbox"/>	3a. If yes, please give previous name:		
2. Have you been convicted of a crime involving fraud or dishonesty?      YES <input type="checkbox"/> NO <input type="checkbox"/>	4. If you are bilingual, would you allow your name to be placed on a list of bilingual Notaries?      YES <input type="checkbox"/> NO <input type="checkbox"/>		
2a. If yes, please detail the conviction, the state and the date of the crime: (attach additional pages if needed)	4a. List languages in which you are fluent:		
	5. List date current commission expires:		
NOTARIAL OATH			
<i>Your signature below will be used to verify your signature on other documents. You must sign consistently.</i>			

State of \_\_\_\_\_ County of \_\_\_\_\_

I, \_\_\_\_\_, do solemnly (swear), (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, I do solemnly (swear) (affirm) that upon appointment, I will support the Constitution and laws of the United States and the State of Nebraska, and I will faithfully discharge the duties of Notary Public in and for the State of Nebraska according to the best of my ability.

X \_\_\_\_\_  
 Applicant's Signature

Subscribed and (sworn) (affirmed) before me: this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (Month) (Year)

\_\_\_\_\_  
 Signature of Notary Public

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## RENEWAL APPLICATION FOR NOTARY COMMISSION INSTRUCTIONS

### APPLICANT INFORMATION:

**Name:** You must provide your name to include: Last Name, First Name, and Middle Initial. If you do not have a middle initial, please state "none" in the MI field.

**Date:** Enter the date you are completing the application. Please note: This application is only accepted within the 30 days immediately preceding your current commission expiration date.

**Home Address:** You are required to enter your home street address. If you use a P.O. Box, you may include the P.O. Box in addition to your street address.

**Business Address:** If you are a non-resident applicant, your business address is required and you must complete this section in its entirety. If you are a Nebraska resident, this section is optional, but if provided, this information may be used to contact you if needed.

Non-resident applicants must also complete and submit an Evidence of Employment in Nebraska form.

### NOTARY PUBLIC QUALIFICATIONS IN THE STATE OF NEBRASKA:

All questions in this section must be answered. Please read each question carefully and clearly mark the appropriate box or fill in the details to answer question.

### NOTORIAL OATH:

**Do not complete this section until you are in the presence of a Notary.** You must sign in the presence of a Notary. The Notary will complete the state and county information, date, sign, and impress their seal. PLEASE NOTE: You may not notarize your own signature.

The signature you place on this application is the signature that you must use when Notarizing documents. You must sign consistently. Your signature on the application will be used to verify your signature on additional forms in the filing process, if a complaint is ever filed against you, or if a document you notarize must be certified in another country.

If you have any questions completing the applications, please contact the Notary department at:  
[www.sos.ne.gov/business/notary](http://www.sos.ne.gov/business/notary) or (402) 471-2558.