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

INITIAL APPLICATION FOR NOTARY COMMISSION
Please type or print legibly in black ink. Applications will be rejected for incomplete responses.

APPLICANT INFORMATION					
Last Name Fi	First		M.I.	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, option	nal fo	r resident applicant)			
Company Name					
Street Address					
City St	state		Zip		
Work Phone		Extension			
Non-resident applicants must also			n Nebraska fol	rm.	
NOTARY PUBLIC QUALIFICATIONS IN THE STATE	OF I	NEBRASKA			
1. Are you 19 years of age or older? YES NO		4. Have your previously been commissioned as a Notary Public in the YES NO State of Nebraska?		NO 🗆	
Have you been convicted of a felony? YES ☐ NO ☐		5. Has your name changed?	r name changed?		NO 🗆
3. Have you been convicted of a crime involving fraud or dishonesty within the last 5 YES NO years?		5a. If yes, please give previous name:			
3a. If yes, please detail the conviction, the state and the date of the crime: (attach additional pages if needed)		6. If you are bilingual, would you allow your name to be placed on a list of YES NO bilingual Notaries?			
		6a. List languages in which you are fluent:			
NOTARIAL OATH					
Your signature below will be used to verify y	our s	ignature on other document	ts. You mus	t sign consis	tently.
State of County of					
,, do solemnly ure true and complete to the best of my knowledge; and, I do solemnly states and the State of Nebraska, and I will faithfully discharge the duti	(swear (swear ries of l	r), (affirm) under penalty of perjury r) (affirm) that upon appointment, l Notary Public in and for the State o	v, that the answ will support the f Nebraska acc	ers to all questine Constitution cording to the b	ons on this applica and laws of the Ur est of my ability.
Applicant's Signature	rmed)	before me: this day of _	(Month)	, 20(Year)

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INITIAL 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.

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.

<u>Business Address</u>: 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 or (402) 471-2558.