WEST VIRGINIA APPLICATION FOR APPOINTMENT AS A NOTARY PUBLIC

Form N-1 NO BOND REQUIRED Rev. 6/2018 Effective June 3, 2018



West Virginia Secretary of State

Licensing Division Tel: (304)558-8000 Fax: (304)558-8381 Website: www.wvsos.gov

Email: notary@wvsos.gov

FILE ONE ORIGINAL

(Two if you want a filed stamped copy returned to you.)

FEE: \$52.00

For C	Office Use Only
Notary ID#:	

**** The undersigned agrees to conform with the Notary Laws as set forth in West Virginia Code §39-4**** as it pertains to performing notarial acts in West Virginia.

*** IMPORTANT *** READ AND FOLLOW THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION TO AVOID IT BEING REJECTED AND SENT BACK TO YOU FOR CORRECTION.

Section 1: APPLICANT'S INFORMATION	(Please type or print in ink.)
a. Print your exact name as you will enter it performing a notarial act.	when
i. If you have ever been a WV Notary, ente	er the expiration date of your last notary commission:
ii. If you have ever been commissioned und name, please enter it here:	er a different (mm/dd/yyyy)
b. Please indicate your gender : Male	Female
 c. Mailing address in West Virginia you will use on your notary seal: If this is a business address, include the company name. Government notaries – Use agency name and address. 	Address: City/State/Zip: County:
d. E-mail address (required) where corresponding be received:	ondence
e. Phone Number (daytime):	Phone Number (evening):
f. Answer " YES " or " NO " to the following qu Y N	nestions by checking the appropriate box:
1. Are you at least 18 years of age?	
2. Are you a citizen or permanent l	egal resident of the United States?
3. Are you a West Virginia residen	t or do you work for a place of employment in West Virginia?
4. Are you able to read and write E	inglish?
5. Do you have a high school diplon	na or its equivalent?
6. Could you be or have you ever been	en disqualified to receive commission under WV Code §39-4-21 or §39-4-23?
	Eronic notarial acts? If "Yes," you must comply with West Virginia Code §39-4-19 C-Notarization Authorization (Form N-2). See instructions for definition of Virginia Code §39-4-2(2)

************************ APPLICATION CONTINUED ON PAGE 2 ***********************

West Vii	ginia Application for Appointment as	s a Notary Public	Page 2
8. Y	government office? If you answer "below. To have the fee waived, a l	ent employee applying to become a notary public only for YES," give your position title and the name of the office letter from the head of your office certifying that the a attached. Federal employees are not eligible.	in the lines indicated
	(Your title)	(Name of state or local government off	fice)
Section 2	2: APPLICANT'S AFFIRMATION		
You must	t complete the <mark>required</mark> section below per W	Vest Virginia Code §39-4-20(c).	
public lav		{printed name of applicant}, solemnly swear or plication are true, complete, and correct; that I have careful commissioned as a notary public, I will perform fav.	
APPLIC	EANT SIGN HERE → X	DATE	
Importan social sect	t Note: This form is a public document. Please arity number, bank account numbers, credit can IMPORTANT - BEFORE YOU HAVE INCLUDED THE FOLL	e do NOT provide any personal identifiable information or driver's license numbers. SEND, CHECK THE BOXES BELOW INDICA OWING ITEMS:	on this form such as
		r Appointment as a Notary Public (Form N-1), the nment employees must include the letter from the he	
	certifying that the application is	made for the purpose of the office in order to have the	he fee waived.)
	pedite Service - Additional fee applies der Request form for additional fee.	if requesting expedite service. Refer to the attached	Customer
<u>Pa</u>	•	ayable to West Virginia Secretary of State and include the attached e-Payment Authorization	<u>n</u> form.
apj tec set	plication the completed E-Notarization chnology to electronically notarize doc	Authorization application (Form N-2). You must a Authorization application (Form N-2). You must secuments. The technology you choose must meet the there is no additional fee to file the E-Notarization Aution.	select a valid he requirements
	n application missing any part of the a turned for corrections.	above listed items cannot be accepted and will be	immediately
	nly forms issued by the West Virginia	Secretary of State's Office will be accepted.	
3.	Deliver all the above to one of the proces	essing centers listed in the attached Filing Submission	on Instructions.

INSTRUCTONS FOR FILING THE APPLICATION FOR APPOINTMENT AS A NOTARY PUBLIC

*** IMPORTANT *** You must READ AND UNDERSTAND THE NOTARY LAWS as set forth in §39-4 of the West Virginia Code. Also, read the NOTARY HANDBOOK <u>BEFORE</u> applying to become a notary public in West Virginia. Failure to provide a proper notary acknowledgement on documents is a violation of the notary code and you may have your notary commission conditioned, suspended, or revoked. CAREFULLY FOLLOW THE STEPS OUTLINED BELOW.

- I. Complete both sections of this application. If you omit any part or do not sign the application, the form will be returned to you as incomplete.
- II. Send the completed application and Customer Order Request form (include e-Payment Authorization if paying by credit card) to:

III. YOU ARE NOT AUTHORIZED TO ACT AS A NOTARY UNTIL ALL STEPS ARE COMPLETED AND YOU HAVE RECEIVED A CERTIFICATE OF APPOINTMENT. If your application is approved, you will receive a letter containing further instructions. When you receive the letter, read it carefully and immediately follow the instructions as outlined in the letter. If you have questions or need further assistance, please call the Notary division at (304) 558-8000 or toll free at (866) 767-8683.

Section 1: APPLICANT'S INFORMATION (Please type or print in ink.)

- **a. Print your exact name** as you will enter it when performing a notarial act. You do not need to include your middle name or middle initial unless that is how you want it to appear on your notary stamp.
 - i. If you have ever been a WV Notary, enter the expiration date of your last notary commission in the space provided.
 - ii. If you have ever been commissioned under a different name, please enter it in the space provided.
- b. Indicate your gender ("Male" or "Female") by checking the appropriate box.
- c. Enter the mailing address in West Virginia you will use on your notary seal.
 - If this is a business address, include the company name in the address.
 - Government notaries -- use government agency name in the address. State and local government employees may be commissioned as government notaries to act for and in behalf of their respective state and local government office. A government notaries may not operate privately. Specific information relating to government notaries may be found in West Virginia Code §39-4-31.
- d. Enter a valid e-mail address (required) where business correspondence may be received. Example: yourname@domain.com
- e. Enter your phone number with area code for both daytime and evening where you may be reached.
- f. Answer "YES" or "NO" to questions 1 through 8 by checking the appropriate box next to each question.
 - #7. <u>E-Notartization</u> Definition of "electronic" notarial acts per West Virginia Code §39-4-2(2): "Electronic' means relating to technology having electrical, digital, magnetic, wireless, optical, electromagnetic or similar capabilities."

Section 2: APPLICANT'S AFFIRMATION

The applicant must sign the affirmation in the space provided exactly as the applicant entered her/his name in the "APPLICANT'S INFORMATION" section.

SUBMIT COMPLETED APPLICATION WITH PAYMENT

- 1. Complete the attached CUSTOMER ORDER REQUEST form. Choose standard processing.
- 2. Include the \$52.00 filing fee.
- 3. Follow the FILING SUBMISSION INSTRUCTIONS attached to this application to submit the above items for processing.

* * * * NOTICE * * * *

Once your application has been approved, you will receive your Secretary of State commission letter. The letter will provide the exact information you need on your notary seal. Check to ensure your Name and Address Information are correct as they appear on your Official Seal. If any corrections are needed please contact the Notary Division at (304) 558-8000. You must have your stamp made with the information provided in the commission letter.



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Filing Submission Instructions - Notary Section

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.

Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site www.wvsos.gov.

SUBMIT THE COMPLETED APPLICATION WITH THE CUSTOMER ORDER REQUEST FORM TO ONE OF THE OFFICES BELOW. CHOOSE STANDARD PROCESSING SERVICE.

1 STANDARD PROCESSING (5-10 business days)

Standard filing fees apply. STANDARD PROCESSING requests may be submitted by:

- E-mail to notary@wvsos.gov

- Fax

- Walk in delivery (drop off service only filed within 5-10 business days)

INCLUDE PAYMENT:

Hours: Mon. - Fri. 8:30a - 5:00p EST

Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the e-Payment Authorization form with your filing. Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.

SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

<u>Charleston Office</u> West Virginia Secretary of State	<u>Clarksburg Office</u> North Central WV Business Center	Martinsburg Office Eastern Panhandle Business Center
west virginia secretary of state	North Central W V Business Center	Eastern Fannanule Dusiness Center
State Capitol Building	200 West Main Street	229 E. Martin Street
1900 Kanawha Blvd. East	Clarksburg, WV 26301	Martinsburg, WV 25401
Bldg. 1, Ste. 157-K	Phone: (304) 367-2775	Phone: TBA
Charleston, WV 25305	Fax: (304) 627-2243	Fax: TBA
Phone: (304) 558-8000	Hours: MonFri. 9:00a - 5:00p EST	Hours: Mon Fri. 9:00a - 5:00p EST
Fax: (304) 558-8381	-	•



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Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

Order Processing Requested	:
(Avg. processing turnaround be c	ocessing" indicates the filing will ompleted and registered in the etary of State registration database.
Applicant Name:	
Return filing to: (Return Address)	
Contact Name:	Phone:
Return Delivery Options: Email	or Fax options do not receive a copy via mail; must be ordered separately.
Email to:	Fax to:
Hold for Pick Up Mail	to Return Address above FedEx: Acct #
Other (explain below):	UPS: Acct #
Order Description (include items bein	g ordered and fee breakdown):
you want a file stamped copy returned to yo	tept by this office. Include a copy of the original filing if u at no extra charge. Certified copy requests are an Total Amount:
additional \$15 per certified copy being re Payment Method:	quested.
Check/Money Order	Credit Card (Must attach e-Payment Authorization request form including payment information.)
Cash (Do Not mail cash)	Pre-paid Acct #: Attach signed pre-paid slip.



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Rev. 11/2017

USE BLACK INK ONLY - DO NOT HIGHLIGHT

e-Payment Authorizatio	has been processed	by this office. Electronic storage	mation and will be properly shredded after payme e of payment information is only permitted by sign time by written request by the authorized party.
Service Type: Fax E-ma		which may be retracted at any	time by written request by the authorized party.
Payment by Card (card holder name	e and billing address req	uired below)	
Card Type: Visa	Mastercard	Discover	American Express
Credit Card Number:			V Code*
* 3-digit number on back of VISA, 4-digit number on front right side			
NOTICE: For security and verification prolocated on the credit card. Failure to include	-	•	, ,
Credit Card Expiration Date: Month:		Year:	
		Amount to Cha	rge Card: USD \$
Order Information (required)			
Entity Name:			
Card Holder Information:			
Name as it appears on the account			
Billing Address			
City		State	Zip Code
Telephone		Ext.	
Payment Information Storage Au I authorize the Secretary of State to store the	, <u>-</u>	· ·	ctions processed by Secretary of State:
X		Date	
Authorized Signature			
Payment Authorization (required) I authorize the Secretary of State to bill an		he following to be charged	to the above listed account(s):
X Authorized Signature		Date	

Not to Exceed Amount: USD \$