



NOTARY PUBLIC COMMISSION APPLICATION

Florida Department of State
Notary Commissions (850) 245-6975

Florida Discount (800) 3-NOTARY

MAIL APPLICATION:
Florida Notary Discount Association, Co.
P.O. Box 7177
Tallahassee, FL 32314

This application and the information it contains, except social security numbers, are public record and will be available on the Division's website.

Full Name: (Last) (First) (Middle)

Home Address: (Street) (Apt #) (City) (State) (County) (Zip)

Place of Employment: Unemployed Retired

Business Address: (Street) (Ste #) (City) (State) (County) (Zip)

Mail to: Home Business Other Address: (Street/PO Box) (City) (State) (Zip)

E-mail Address: Sex: M F Race:

Home Phone: Business Phone: Extension

Florida Driver's License (or other State of Florida Issued ID): Date of Birth: (Month/Day/Year)

- 1. Are you a legal resident of Florida?
2. Are you a United States citizen?
3. Are you now or have you ever been commissioned a Notary Public in the State of Florida?

If Yes: (Commission expiration date) (Commission number) (Name in which your commission was issued)

- 4. Have you held any professional licenses or commissions (other than Notary Public) in Florida during the past 10 years?
5. Have you been disciplined by a regulatory agency, including the Florida Bar, and including disciplinary action that is confidential?
6. Have you been convicted of a felony, had adjudication of guilt withheld, or are you on probation?

AFFIDAVIT OF CHARACTER

STATE OF COUNTY

I, am unrelated to and have known

for one year or more; and to the best of my knowledge and observation know (him)(her) to be of good character.

My address is (Street) (City) (State) (County) (Zip)

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

Home Phone: X (Signature of Affiant)

Work Phone: (or write "NONE")

OATH OF OFFICE

STATE OF FLORIDA COUNTY

I DO solemnly (swear) (affirm) that I will support, protect and defend the Constitution and Government of the United States and of the State of Florida;

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND OATH AND THAT THE FACTS STATED THEREIN ARE TRUE. I accept the office of Notary Public, State of Florida.

X (Signature of Applicant- This is the name in which your commission and notary seal will be issued)

(Print or Type Name- Must match signature) (Date)

Social Security Number: (Required by the State of Florida)


STATE OF FLORIDA BOND OF NOTARY PUBLIC

Secretary of State
Notary Commissions

FOR OFFICE USE ONLY
Approved by Department of State:

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS, That we,

 _____ as Principal, and
Print Name (Name of Applicant - Please Print)

CONTRACTORS BONDING AND INSURANCE COMPANY **1 (800) 395-2242**
(Imprint Name of Surety Company) (Telephone Number)

as Surety Company, give bond payable to any individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as Notary Public, in the amount of Seven Thousand, Five Hundred Dollars (\$7,500) as assurance for the due discharge of the duties of his/her office of Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally.

Applicant was, on the date of issuance of commission, bonded as a Notary Public in and for the State of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of Notary Public, as prescribed by law, then this obligation shall be void.

Please Sign Here

X _____
(Signature of Applicant)

Signed and sealed this _____ day of _____ 20____

CONTRACTORS BONDING AND INSURANCE COMPANY
(Name of Surety Company)

9025 NORTH LINDBERGH DRIVE, PEORIA, IL 61615
(Address of Surety Company)

FLORIDA NOTARY DISCOUNT ASSOCIATION CO.
(Name of Bonding Agency or Company)

P.O. BOX 7177, TALLAHASSEE, FL 32314
(Address of Bonding Agency or Company)

By _____
(Signature of Florida Licensed Agent)

E009816
(Florida Licensed Agent Number)

JOHN PATRICK GALLAGHER
(Printed name of Florida Licensed Agent)



Section 817.234(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

This bond shall be for Seven Thousand, Five Hundred Dollars (\$7,500).
After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the notary public commission.
DS/DE 76 (03/04)