



NOTARY PUBLIC COMMISSION APPLICATION

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

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

This application and the information it contains are public record and may be disclosed to any person upon request.

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 OR P.O. BOX) (CITY) (STATE) (ZIP)
Home Phone: Business Phone: Extension:
E-Mail Address: Sex M F Race:

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? Yes No
2. Are you a United States citizen? Yes No
3. Are you now or have you ever been commissioned a Notary Public in the State of Florida? Yes No
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 PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

Home Phone: Work Phone:
(SIGNATURE OF AFFIANT)

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; that I am duly qualified to hold office under the Constitution of the State of Florida; that I have read Chapter 117, Florida Statutes, and any amendments thereto, and know the duties, responsibilities, limitations, and powers of a notary public; and that I will honestly, diligently, and faithfully discharge the duties of Notary Public, State of Florida, on which I am now about to enter, (so help me God).

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

(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

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.

X

(Signature of Applicant)

Please
Sign
Here

Signed and sealed this _____ day of _____ 20 _____

CONTRACTORS BONDING AND INSURANCE COMPANY
(Name of Surety Company)

1213 VALLEY STREET, P.O. BOX 9271, SEATTLE, WA 98109
(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.