



Florida Notary "Discount" Association Co.
P.O. Box 7177, Tallahassee, FL 32314

Toll Free: 1-800-366-8279
Email: info@notarybonding.com

Fax: 1-800-637-5992
Website: notarybonding.com

Florida Notary Commission Name Change Form:

Please complete and return this form along with the following forms:

- ✓ Amended commission request form - Obtained for us or from the State of Florida.
- ✓ Florida Rider Form - You must sign the Florida Rider Form where indicated.
- ✓ Your original notary certificate - If you cannot locate your certificate, you must provide a written statement that you no longer have the certificate in your possession.
- ✓ Include payment of \$ 49.95 by check, money order or credit card. The fee includes shipping and your new official seal stamp.

❖ Old Commissioned Name: _____
Please print or type your name exactly as it currently appears on your commission.

❖ New Name: _____
Please print or type your name exactly as you want it to appear on your commission.

❖ Social Security Number: _____ - _____ - _____ *Florida law requires your Social Security Number.*

❖ Date of Birth: _____/_____/_____

❖ Sex: Male Female

❖ Email: _____

❖ Florida Driver's License #: _____ *This must be your driver's license number in your new name.*

❖ Notary Commission Expiration Date: _____/_____/_____

❖ Notary Commission Number: _____

❖ Residence Address – Cannot be a P.O. Box:

Street	City	State	Zip Code
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❖ Employer Name: _____

❖ Business Address:

Street	City	State	Zip Code
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❖ Residence Phone Number: _____ Business Phone Number: _____

❖ Mail To: Home Business *Other Mailing Address

❖ *Other Mailing Address:

Street or P.O. Box	City	State	Zip Code
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Payment Options:

Grand Total Amount Due: \$ 49.95

Indicate Entire Check or Money Order Number: _____

Payable to: Florida Notary "Discount" Association Co.

Charge Credit Card: Visa MasterCard AMEX Discover

Credit Card Number: _____

Credit Card Expiration Date: _____

X _____
Signature of Cardholder (Required for Credit Card Purchases)

State of Florida Notary Public

AMENDED COMMISSION REQUEST NOTICE OF NAME CHANGE

Type or print name in which commission is currently issued

_____/_____/_____
Date of birth

Sign your official signature as currently commissioned



IMPRINT CURRENT SEAL FOR
IDENTIFICATION ONLY

Type or print new commission name as it is to appear on your new certificate

Sign your new official signature, the same as your new commission name

_____/_____/_____
Date of birth

FILL IN YOUR CURRENT ADDRESSES AND TELEPHONE NUMBERS:

Physical home address, city and zip (No PO Boxes accepted)

(_____) _____
Area code and home telephone number

Indicate business name or unemployed or retired

Business address, city, state and zip

(_____) _____
Area code and home telephone number

MAIL TO: Business Home OR

Other mailing address (PO Boxes accepted)

Please forward this form along with applicable fees and your current commission to your bonding agency. Your bonding agency will provide the rider to your notary public bond and you must forward all forms to the Secretary of State's Office for processing.



Contractors Bonding & Insurance Company
1213 Valley Street
P.O. Box 9271
Seattle, WA 98109-0271
For the CBIC branch
Nearest you, call Toll Free
(888) 283-2242
(888) 293-2242 FAX

FLORDIA RIDER

To be attached to and form a part of Bond No. _____ issued by CONTRACTORS BONDING AND INSURANCE COMPANY, in behalf of _____ and in favor of Governor of the State of Florida, executed by CONTRACTORS BONDING AND INSURANCE COMPANY in the amount of Seven Thousand Five Hundred Dollars (\$7,500) effective _____
(Date Notary Name Was Changed)

The principal and the surety hereby consent to changing the name on the said bond to _____

Nothing herein contained shall be held to vary, waive, alter or extend any of the term, conditions, agreements, or warranties of the above mentioned bond, other than as stated above.

Signed this _____ day of _____, _____

Accepted:

CONTRACTORS BONDING AND INSURANCE COMPANY

By _____
(New Legal Signature of Notary)

By _____
(Insurance Company Representative)