



# NOTARY PUBLIC COMMISSION APPLICATION

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

**MAIL APPLICATION TO:**  
Florida Notary "Discount" Association, Co.  
P.O. Box 7177  
Tallahassee, FL 32314  
**Toll-Free Telephone (800) 366-8279**  
**(800) 3-NOTARY**

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

All fields must be completed.  
A valid phone number is required.

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/P.O. BOX) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP)

E-Mail Address: \_\_\_\_\_ Sex  M  F Race: \_\_\_\_\_ (OR WRITE "NONE")

Home Phone: (\_\_\_\_) \_\_\_\_\_ (OR WRITE "NONE") Business Phone: (\_\_\_\_) \_\_\_\_\_ (OR WRITE "NONE") Extension: \_\_\_\_\_

► FLORIDA DRIVER'S LICENSE (or other State of Florida Issued ID) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MONTH / DAY / YEAR)

Be sure to answer ALL seven questions.

1. Are you a legal resident of Florida?  Yes  No (If No, you are not eligible to apply for a notary commission. Legal residency must be maintained throughout the appointment.)

2. Are you a United States citizen?  Yes  No (If No, you must submit a recorded Declaration of Domicile. Obtain this document from your County Courthouse.)

3. Are you now or have you ever been commissioned a Notary Public in the State of Florida?  Yes  No (If No, you must complete a 3 hour Notary education course and submit a signed certificate of completion. (Ch. 668.50 (11) F.S.)

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?  Yes  No (If Yes, please list.) \_\_\_\_\_ Have any been revoked?  Yes  No (If Yes, you must submit a written statement about the nature of the action and any supporting documentation, such as a copy of the Final Order from the regulating agency.)

5. Have you been disciplined by a regulatory agency, including the Florida Bar, and including disciplinary action that is confidential?  Yes  No (If Yes, you must submit a written statement about the nature of the action and any supporting documentation, such as a copy of the Final Order from the regulating agency.)

6. Have you been convicted of a felony or had an adjudication of guilt withheld for a felony offense?  Yes  No (If Yes, you must submit a written statement of the nature of the offense(s), a copy of the court judgement and sentencing order. If convicted, you must submit a certificate of Restoration of Civil Rights.)

7. Are you on probation?  Yes  No (If Yes, you must submit a written statement of the nature of the offense(s) for which you have been placed on probation.)

Have someone complete this section for you.

## AFFIDAVIT OF CHARACTER

STATE OF \_\_\_\_\_ County \_\_\_\_\_

I, \_\_\_\_\_ (PRINT OR TYPE NAME OF AFFIANT) am **unrelated** to and have known \_\_\_\_\_ (NAME OF APPLICANT) 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: (\_\_\_\_) \_\_\_\_\_ (OR WRITE "NONE") 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; 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.

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

**SIGN HERE**

(Print or type Name - Must match signature)

(Date)

**MUST INCLUDE**

► Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required by the State of Florida)

FL-01 - 06/15

**PLEASE COMPLETE THE REVERSE SIDE** ►

# 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 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)

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

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

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

By \_\_\_\_\_  
(Signature of Florida Licensed Agency)

**E009816**  
(Florida Licensed Agent Number)

**JOHN PATRICK GALLAGHER**  
(Printed Name of Florida 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.**