



NOTARY PUBLIC COMMISSION APPLICATION

Florida Department of State

Notary Commissions and Certifications Section (850) 245-6975

Mail Applications to:

Notary Public
UNDERWRITERS, INC.
PO Box 5378
Tallahassee, FL 32314-5378
800.821.0821

PERSONAL INFORMATION

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

Home Address: _____
(Street) (City) (State) (County) (Zip)

Place of Employment: _____ ☐ Unemployed ☐ Retired

Business Address: _____
(Street) (City) (State) (County) (Zip)

Mail to: ☐ Home ☐ Business ☐ Other Address: _____
(Street/P.O. Box) (City) (State) (Zip)

E-Mail Address: _____
(or write "NONE")

Sex: ☐ Male
☐ Female

Race: ☐ Asian
☐ Black or African American
☐ Native American or Alaska Native
☐ White
☐ Other: _____

Home Phone: (_____) _____
(or write "NONE")

Business Phone: (_____) _____ Extension _____
(or write "NONE")

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

Social Security Number: _____

The disclosure of a Florida notary public applicant's social security number is expressly required by Fla. Stat. §117.01(2) and is imperative for processing notary public commission applications. Please be advised that social security numbers are only used for processing the notary application and are exempt from disclosure pursuant to Fla. Stat. §119.071(5)(a)5.

- 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.)
- 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.)
- 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.)) Go to www.NotaryPublicFlorida.com to complete the notary course.
If **Yes**: _____
(Commission expiration date) (Commission number) (Name in which your commission was issued)
- 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Have any been revoked?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 a copy of the Final Order from the regulating agency.)
- 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.)
- Have you been convicted of a felony or have you 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 judgment and sentencing order. If convicted, you must submit a certificate of Restoration of Civil Rights.)
- Are you currently on probation? ☐ Yes ☐ No

AFFIDAVIT OF CHARACTER

STATE OF _____ County

I, _____ am unrelated to and have known _____
(Print or Type Name of Affiant) (Name of Applicant)

for one year or more; and to the best of my knowledge and observation know him or 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: (_____) _____ Work Phone: (_____) _____
(or write "NONE") (or write "NONE")

X

(Signature of Affiant)

OATH OF OFFICE

STATE OF FLORIDA

_____ County

I do solemnly swear (or 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; 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 well and faithfully perform the duties of Notary Public, State of Florida, on which I am now about to enter. So help me God.*

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

(Official Signature of Applicant)

(Date)

→

(Print or Type Name - name for which your commission will be issued.) Must use legal first name, no initial.
Acceptable Options: Jonathan David Doe, Jon D. Doe, Jonathan Doe, Jonathan D. Doe

*Note: If you affirm, you may omit the words
"So help me God." Fla. Stat. §92.52.

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS, WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO SOCIAL SECURITY NUMBERS, PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR FLORIDA NOTARY PUBLIC COMMISSION APPLICATION SUBMISSION, PLEASE CHECK THE FOLLOWING BOX:

- ☐ Yes, I assert that identifying information provided in this application (other than my social security number, which I am aware is automatically exempt from public disclosure, pursuant to Fla. Stat. §119.071(5)(a)5) should be excluded from inspection under Public Records Law.

If Yes, please indicate what section of Florida Statutes provides this exemption in your particular situation:

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL:

**Office of the Attorney General
The Capitol, PL-01
Tallahassee, FL 32399
(850) 245-0158**

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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

(Name of Applicant)

Universal Surety of America (800) 331-6053

(Imprint Name of Surety Company)

_____ 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)

Signed and sealed this _____ day of _____, 20_____.

UNIVERSAL SURETY OF AMERICA

(Name of Surety Company)

**P. O. BOX 5077
Sioux Falls, SD 57117-5077**

(Address of Surety Company)

NOTARY PUBLIC UNDERWRITERS

(Name of Bonding Agency or Company)

**P. O. Box 5378
Tallahassee, FL 32314-5378**

(Address of Bonding Agency or Company)



By _____

(Signature of Florida Licensed Agent)

A068326

(Florida Licensed Agent Number)

JACK DIESTELHORST

(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.