

FLORIDA NOTARY PUBLIC APPLICATION ORDER FORM

Only for: STATE OF FLORIDA DOR; DJJ; CIRCUIT COURT

(Please contact us if your Department is not listed)

Florida Notary Package B-DOR

\$74.26*



Image not actual size

Rectangular Self-inking Stamp,
clean and easy storage.

Package Price:

\$39.00- Florida Notary Filing Fee
(Includes Notary Certificate)

***\$20.26-** 7500.00 Bond of Notary
Public

\$9.00- Self-Inking Rectangular Stamp,
Window Decal, Notary Journal

\$6.00- S/H

*1.3% assessment fee levied on
premiums for FL Hurricane
Catastrophe Fund.

Please use this checklist as a guide in order to ensure that your application will not be delayed due to incomplete or missing information. PLEASE DO NOT EMAIL, OR FAX YOUR APPLICATION! The State requires an *original* signature application, not a photocopy or digital copy.

NOTARY PUBLIC APPLICATION

- 1. All requested information must be provided. PLEASE DO NOT LEAVE ANY BLANKS! Make sure that if you do not type the information on the application that you have printed all information legibly.**
- 2. Answer all questions and check off the appropriate answers. If you are not a U.S. Citizen, please include a Declaration of Domicile, which can be obtained and completed at your County Courthouse.**
- 3. The "AFFIDAVIT OF CHARACTER" is to be completed and signed by someone unrelated to the applicant and who has known the applicant for more than one (1) year. Please be sure to include a contact number!**
- 4. Sign the application at the bottom of the application entitled "OATH OF OFFICE" Section. You must sign your name exactly as you wish to notarize at the line marked "X", and then print your name on the adjoining line. Remember, the signature you use in this section will determine the name in which your certificate will be issued and exactly how you will notarize all documents once commissioned.**

BOND OF NOTARY PUBLIC

This form requires that you only print your name on the line identified as "(Name of Applicant)", and that you sign your name at the line marked with an "X" and identified as "(Signature of Applicant)", exactly as you signed for your "Oath of Office" on the application. Do not date the bond form.

NEW APPLICANTS * IMPORTANT

Please remember to attach your *Signed* Certificate of Completion of the Online Notary Education Course. The State of Florida requires the completion date cannot be more than 12 months old- if it has been over 12 months, you must retake the Notary Education Course.

STATE EMPLOYEE CHECKLIST

- COMPLETED NOTARY PUBLIC APPLICATION
- Your social security number is required by Subsection 117.01(2), Florida Statutes. It May be used to facilitate a criminal background check.
- BOND OF NOTARY PUBLIC SIGNED (Not Dated)
- CERTIFICATE OF NOTARY EDUCATION COMPLETION (NEW APPLICANTS)
- DECLARATION OF DOMICILE (NON-CITIZENS)
- Your Notary Stamp and Certificate will be shipped to your BUSINESS ADDRESS ONLY
- Please provide an email address (In the event we need additional information)

_____ @ _____

Please review your application prior to submitting. Missing information will delay your appointment. Thank you for your business!

IMPORTANT!

Mailing Address:

**1ST STATE INSURANCE
PO BOX 901475
HOMESTEAD, FL 33090-
1475**

Overnight Street Address:

**2804 NE 8TH ST- Ste 202
Homestead, FL 33033
786.243.9886**

FloridaNotaryNow.com

Your Package	Price	✓	Total
Notary Package B- DOR	74.26		
Optional E&O 5,000	14.19		
YOUR TOTAL PURCHASE			
Standard Processing & Shipping time Approximately 3 weeks			



CONTACT INFORMATION FOR PAYMENT

P-CARDHOLDER NAME:		NOTARY NAME:		
BILLING ADDRESS:		CITY:		ST: ZIP:
EMAIL ADDRESS:		CONTACT TEL #:		
CC#: (We will contact you for payment upon ordering of the Notary Stamp)		EXP DATE:		
AUTHORIZED CARDHOLDER SIGNATURE: X			Date:	



NOTARY PUBLIC COMMISSION APPLICATION
 Florida Department of State
 Notary Commissions (850) 245-6975

1st State Insurance Advantage Notary of FL
 PO Box 901475
 Homestead, FL 33090-1475
 786-243-9886
 www.FloridaNotaryNow.com

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) (City) (State) (County) (Zip)

Place of Employment: _____ Unemployed Retired

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

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

E-mail Address: _____ Sex: M F Race: _____
(or write "NONE")

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

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

- 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.)

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 any supporting documentation, such as 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, had adjudication of guilt withheld, or are you on probation? 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.)

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)(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 _____
(or write "NONE") (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 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: ____/____/____

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)

RLI INSURANCE COMPANY (309) 692-1000
(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)

SIGN HERE

Signed and sealed this _____ day of _____ 20_____

RLI INSURANCE COMPANY

(Name of Surety Company)

9025 N. LINDBERGH DR. PEORIA IL 61615

(Address of Surety Company)

1ST STATE INSURANCE

(Name of Bonding Agency or Company)

PO BOX 901475 HOMESTEAD, FL 33090

(Address of Bonding Agency or Company)

By X

(Signature of Florida Licensed Agent)

A255671

(Florida Licensed Agent Number)

CHARLES K STONER

(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 (3/04)