



NOTARY PUBLIC COMMISSION APPLICATION

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

MAIL APPLICATION TO:
Florida Notary "Discount" Association, Co.
Toll-Free 1-800-366-8279
1-800-3-NOTARY
PO Box 7177
Tallahassee, FL 32314

PERSONAL INFORMATION

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

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/P.O. Box) (City) (State) (Zip)

E-mail: (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: (or write "NONE") Extension:

Florida Driver 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 public commission application and are exempt from disclosure pursuant to Fla. Stat. §119.071(5)(a)5.

Be sure to answer ALL seven questions.

- 1. Are you a legal resident of Florida?
2. Are you a United States citizen?
3. Are you now or have you ever been commissioned a Notary Public in the State of Florida?
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 or have you had an adjudication of guilt withheld for a felony offense?
7. Are you currently 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 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: X (Signature of Affiant)

Have someone complete this section for you.

**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)

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

\_\_\_\_\_  
(Print or Type Name – Name for which your commission will be issued)

**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  
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** \_\_\_\_\_ **Please Sign Here**  
(Signature of Applicant) 

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.**