



# FLORIDA NOTARY "DISCOUNT" ASSOCIATION CO.

P.O. Box 7177  
Tallahassee, FL 32314

Phone: 1-800-366-8279 Email: info@notarybonding.com Fax: 1-800-637-5992



Please complete and return this form along with the following forms (Total of 3 forms):

- Please mail all forms to: Florida Notary "Discount" Association Co.  
Attn: FL Name Change Dept.  
P.O. Box 7177  
Tallahassee, FL 32314
- 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 credit card, check or money order. The fee includes shipping and your new official seal stamp.

## FLORIDA NOTARY COMMISSION NAME CHANGE FORM

1. Old Commissioned Name: \_\_\_\_\_

*Note: Print or type your name exactly as it currently appears on your commission.*

2. New Name: \_\_\_\_\_

*Note: Print or type your name exactly as you want it to appear on your commission.*

3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Note: Florida law requires your entire Social Security Number.*

4. Date of Birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Sex:  Male  Female

6. Email: \_\_\_\_\_

7. Florida Driver's License #: \_\_\_\_\_

*Note: This must be your driver's license number in your new name.*

8. Notary Commission Expiration Date (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

9. Notary Commission Number: \_\_\_\_\_

10. Residence Address: \_\_\_\_\_ Residence City: \_\_\_\_\_

*Note: The residence address cannot be a P.O. Box.*

Residence State: \_\_\_\_\_ Residence Zip Code: \_\_\_\_\_ Residence Phone Number: \_\_\_\_\_

11. Business Employer Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business City: \_\_\_\_\_

*Note: The business address cannot be a P.O. Box.*

Business State: \_\_\_\_\_ Business Zip Code: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

12. Mail To:  Home  Business  \*Other Mailing Address

\*Other Mailing Address: \_\_\_\_\_

\*Other Mailing City: \_\_\_\_\_ \*Other Mailing State: \_\_\_\_\_ \*Other Mailing Zip Code: \_\_\_\_\_

## SELECT A PAYMENT METHOD – TOTAL AMOUNT DUE: \$49.95

Charge by Visa, MasterCard, American Express or Discover:

CC Number:

Expiration Date (MM/YY):     CCV:

Cardholder Name: \_\_\_\_\_

Signature of Cardholder: X \_\_\_\_\_

Check or Money Order enclosed:

Make payable to  
Florida Notary "Discount" Association Co.  
Provide Check or Money Order number:  
\_\_\_\_\_

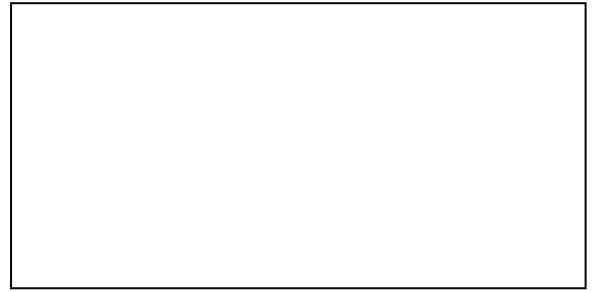
# STATE OF FLORIDA NOTARY PUBLIC

## AMENDED COMMISSION REQUEST NOTICE OF NAME CHANGE

\_\_\_\_\_  
Type or print your name in which commission is currently issued.

Date of Birth (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
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.

X \_\_\_\_\_  
Sign your new official signature, the same as your new commission name.

Date Legal Name Change (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### FILL IN YOUR CURRENT ADDRESSES AND TELEPHONE NUMBERS:

Physical Home Address: \_\_\_\_\_

*Note: The physical home address cannot be a P.O. Box.*

Physical Home City: \_\_\_\_\_

Physical Home State: \_\_\_\_\_ Physical Home Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

*Note: Indicate business name/address/phone or if unemployed or if retired.*

Business Name/Address/Phone (Only if checked complete below)     Unemployed     Retired

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business City: \_\_\_\_\_

Business State: \_\_\_\_\_ Business Zip Code: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Mail To:  Physical Home     Business     \*Other Mailing Address

\*Other Mailing Address: \_\_\_\_\_

\*Other Mailing City: \_\_\_\_\_

\*Other Mailing State: \_\_\_\_\_ \*Other Mailing Zip Code: \_\_\_\_\_

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

## FLORIDA 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)