

ONLINE FLORIDA NOTARY PUBLIC APPOINTMENT INSTRUCTIONS

Application

- The Notary Public Commission Application must be completed in its entirety.
- The full name must be completed exactly as documents will be notarized.
- The residence address must be completed with the applicant's current street address; P.O. Box addresses will not be accepted.
- NONE should appear on the application in designated areas; N/A responses will not be accepted by the Florida Department of State.

Oath of Office

- Prior to signing the oath, applicant must read Chapter 117 of the Florida Statutes and attest that all duties, responsibilities, limitations, and powers of office are understood. Chapter 117 may be found at <http://www.flsenate.gov/Laws/Statutes/2019/Chapter117>.
- Printed name and signature must appear exactly as documents will be notarized.

Affidavit of Character

- Affidavit must be completed in its entirety by a character witness that is not related to the applicant and has known the applicant for at least one year.
- Affidavit must be signed by the character witness.
- The name of the character witness must be printed or typed beneath the signature.

Bond

- Applicant's name must be printed or typed exactly as documents will be notarized on the line designated "Name of Applicant".
- Applicant must sign the bond exactly as documents will be notarized on the signature line marked with an X.
- Bonds must NOT be dated.

First Time Applicants

- First time Florida notary applicants must submit proof that a minimum of three hours of interactive or classroom instruction has been completed.
- Training must be completed no greater than one year prior to application submission.
- Visit the Florida Notary Education Program at <http://notaries.dos.state.fl.us/education/index.html> for training instructions.

Application Registration For Online Notary Form

- The Registration For Online Notary must be completed in its entirety.
- Choose and list the technology service provider selected on registration form.
- Form must be notarized
- Complete training required for remote online notary - provide a copy of certificate of completion

Mailing Instructions

- Mail the following items to:
RLI Insurance Company
P.O. Box 3967
Peoria, IL 61612-3967
 - Completed application (and Public Records Exemption Request Forms If Applicable)
 - Original signed bond form
 - Completed Registration For Online Notary
 - Certificate of course completion (first time applicants ONLY)
 - Certificate of remote online course completion
 - Mail check payable to RLI Insurance Company
- Upon approval by the State of Florida, your Notary commission certificate will be mailed via USPS. If notary supplies were purchased, they should arrive approximately 2 weeks after the arrival of your commission certificate.

Note: The Errors and Omissions Policy does not need to be filed with the state. Please retain the Errors and Omissions Policy for your records.

Thank you for choosing RLI Surety!



NOTARY PUBLIC COMMISSION APPLICATION

Florida Department of State

Notary Commissions and Certifications Section (850) 245-6975

PERSONAL INFORMATION

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 Address: _____ Sex: ☐ Male ☐ Female Race: ☐ Asian
 (or write "NONE") ☐ Black or African American
☐ Native American or Alaska Native
☐ White
☐ Other: _____

Home Phone: _____
 (or write "NONE")

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

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.

- Are you a legal resident of Florida? ☐ Yes ☐ No (If No, you are not eligible to apply for a Florida notary public 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 a wartime veteran with a disability rating of 50 percent or more? ☐ Yes ☐ No (If yes, you must submit a written request for the fee reduction and provide proof of exemption.)
- 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. Fla. Stat. §668.50 (11)(b).)

If Yes: _____
 (Commission expiration date) (Commission number) (Name for 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: _____ X _____
 (or write "NONE") (or write "NONE") (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 should be excluded from inspection under Public Records Law.

If Yes, please indicate which section of Florida Statutes provides this exemption from the Public Records Exemption Guide attached:

<https://dos.myflorida.com/media/695951/dos119.pdf>

*The attached DOS Public Records Exemption Request form is to act a guide to assist applicants and does not have to be submitted if the "Yes" box is not checked.

Application Registration for Online Notary Public

Mail to: Florida Department of State, Division of Corporations, ATTN: Notaries PO Box 6327, Tallahassee, FL 32314

In person or courier service to: 2415 North Monroe St., Suite 810, Tallahassee FL 32303

PERSONAL INFORMATION

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

Name as Commissioned: _____

Home Address: _____
(Street)

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

Email Address: _____ Phone Number: _____

Florida Notary Commission Number: _____ Expiration: _____

Florida Notary ID: _____

Civil-Law Notary- Florida Bar Number: _____ Date Appointed: _____

Commissioner of Deeds Expiration date: _____

I will use the following RON Service Provider in compliance with Florida Law: _____

The applicant confirms:

1. The technology and processes they have chosen for use in performing online notarizations must satisfy the requirements set forth in Ch. 117, Florida Statutes, and Ch. 1N-7, Florida Administrative Code.
2. They have submitted evidence of obtaining a bond in the amount of \$25,000.
3. They have submitted evidence of Errors and Omission (E&O) insurance policy in the minimum amount of \$25,000.
4. They have submitted a copy of their commission or appointment as a Notary Public, Civil-Law Notary, or Commissioner of Deeds.
5. They have submitted payment of registration fee of \$10 by check payable to the Florida Department of State.
6. They understand that suspension, revocation, expiration, or termination of the applicant's Notary Public commission or appointment as a Civil-Law Notary, or Commissioner of Deeds immediately deactivates an Online Notary Public's registration.
7. They have submitted evidence of completing a classroom or online course covering the duties, obligations and technology requirements for serving as online notary public.

Under penalties of perjury, I declare that I have read the foregoing Registration for Online Notary and that the facts stated in it are true.

Signature: _____

Print Name: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to, affirmed, and subscribed before me by means of (☐) physical presence or (☐) online notarization, this ____ day of _____, by _____ who is personally known to me or who has produced _____ as identification.

[PLACE NOTARIAL SEAL]

Notary Signature: _____

Print Name: _____

Notary Public, State of Florida

My Commission Expires: _____



FLORIDA DEPARTMENT OF STATE

PUBLIC RECORDS EXEMPTION REQUEST (REV. 08/2021)

Florida law allows certain persons to request that an agency not publicly disclose specific identification and/or location information contained in any of its agency records. Please refer to sections 119.071(2)(j), (4)(d), and (5)(i), 265.605, and 267.17, Fla. Stat., or other applicable statute for scope of protection which may include home address, phone numbers, photos, name of spouse and/or children, and their place of employment, and/or school or daycare care facility, and date of birth.

To request the exemption for information contained within records of the Department of State, please complete the form and return to: Secretary of State, c/o Public Records Custodian Director, R.A. Gray Building, 500 S. Bronough St., Tallahassee, FL 32399. For more information, contact 850-245-6536.

To request the claim for exemption extend to your spouse and/or children (not applicable for donor* or victim* exemptions) please submit a separate sheet with the name, date of birth, and relationship for purposes of identifying them in any public records within the custody of the Department. (If you have attached supplemental pages check here ☐)

In order to process this request for any of your records that may be in the Division of Corporations, please complete the Addendum for Exemption of Public Disclosure. If you do not have any records with the Division of Corporations that include exempt information please check here ☐.

You will be contacted if the information you provide is insufficient to identify you distinctly from someone else similarly named in the records or if the information provided is insufficient to demonstrate the applicability of a public records exemption.

I attest that I am an individual covered under Section 119.071, F.S., as, check the appropriate item (only one):

- | | | |
|--|----|---|
| <input type="checkbox"/> current | or | <input type="checkbox"/> former |
| <input type="checkbox"/> spouse of a current | or | <input type="checkbox"/> spouse of a former |
| <input type="checkbox"/> child of a current | or | <input type="checkbox"/> child of a former |

and I hereby request the exemption (check applicable exemption category):

- | | |
|--|---|
| <input type="checkbox"/> Addiction treatment facility, licensed pursuant to Chapter 397, F.S., directors, managers, supervisors, nurses, and clinical employees (s. 119.071(4)(d)2.s) | <input type="checkbox"/> Dept. of Revenue personnel or local government personnel whose duties relate to revenue collection and enforcement or child support enforcement. (s. 119.071(4)(d)2.a) |
| <input type="checkbox"/> Child advocacy center, meeting the standards set forth in Chapter 39, F.S., directors, managers, supervisors, and clinical employees and members of a Child Protection Team as set forth in s. 39.303, F.S. (s. 119.071(4)(d)2.t) | <input type="checkbox"/> Domestic violence centers, certified under Chapter 39, F.S., staff and domestic violence advocates as defined in s. 90.5036(1)(b), F.S. (s. 119.071(4)(d)2.u) |
| <input type="checkbox"/> Code Enforcement Officer (s. 119.071(4)(d)2.i) | <input type="checkbox"/> Donor or prospective donor,* Cultural Endowment Program Trust Fund, Citizen Support Organizations or National, Historic Landmarks (publicly owned houses) (sections 265.605 and/or 267.17) |
| <input type="checkbox"/> County Tax Collector (s. 119.071(4)(d)2.n) | <input type="checkbox"/> Emergency medical technicians or paramedics certified under Chapter 401, F.S. (s. 119.071(4)(d)2.q) |
| <input type="checkbox"/> Dept. of Business and Professional Regulation-investigators and inspectors (s. 119.071(4)(d)2.m) | <input type="checkbox"/> Firefighter certified in compliance with s. 633.408, F.S. (s. 119.071(4)(d)2.d) |
| <input type="checkbox"/> Dept. of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities (s. 119.071(4)(d)2.a) | <input type="checkbox"/> Guardian ad litem (s. 119.071(4)(d)2.j) |
| <input type="checkbox"/> Dept. of Financial Services investigative personnel whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations (s. 119.071(4)(d)2.b) | <input type="checkbox"/> Human resource, labor relations, or employee relations director, assistant director, manager or assistant manager of any local government agency or water management district (s. 119.071(4)(d)2.h) |
| <input type="checkbox"/> Dept. of Health personnel whose duties support the investigations of child abuse or neglect, determination of benefits, or the investigation, inspection, or prosecution of health care practitioners (s. 119.071(4)(d)2.a) | <input type="checkbox"/> Impaired practitioner consultants whose duties result in a determination of a person's skill and safety to practice a licensed profession (s. 119.071(4)(d)2.p) |
| <input type="checkbox"/> Dept. of Health personnel whose duties include, or result in, the determination or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints filed against health care practitioners, or the inspection of health care practitioners or health care facilities licensed by the Department of Health (s. 119.071(4)(d)2.o) | <input type="checkbox"/> Inspector general employees or internal audit department employees whose duties include auditing or investigating waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline (s. 119.071(4)(d)2.r) |
| | <input type="checkbox"/> Judge - district court of appeal, circuit court and county court, or justice of the Florida Supreme Court (s. 119.071(4)(d)2.e) |

☐ Judicial or quasi-judicial officer (general and special magistrate, judge of compensation claims, administrative law judge of the Division of Administrative Hearings, and child support enforcement hearing officer) (s. 119.071(4)(d)2.g)

☐ Juvenile probation officer, juvenile probation supervisor, detention superintendent, assistant detention superintendent, senior juvenile detention officer, juvenile detention officer supervisor, juvenile detention officer, house parent I and II, house parent supervisor, group treatment leader, group treatment leader supervisor, rehabilitation therapist, and social services counselor of the Dept. of Juvenile Justice (s. 119.071(4)(d)2.k)

☐ Law enforcement personnel including correctional officers and correctional probation officers (s. 119.071(4)(d)2.a)

☐ Office of Financial Regulation, Bureau of Financial Investigations, investigative personnel whose duties include the investigation of fraud, theft, other related criminal activities, or state regulatory requirement violations (s. 119.071(4)(d)2.c.)

☐ Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor) (s. 119.071(4)(d)2.f)

☐ Public defenders and criminal conflict and civil regional counsel (includes assistant public defenders, assistant criminal conflict and assistant civil regional counsel) (s. 119.071(4)(d)2.l)

☐ U.S. attorney or assistant attorney, U.S. appellate judge, U.S. district court judge and U.S. magistrate (By signature below, person certifies that reasonable efforts made to protect information from being publicly accessible by other means) (S. 119.071(5)(i))

☐ Victim* of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence [Attach official verification that crime occurred. 5-year exemption. Contact Attorney General's Office (850-414-3990) about eligibility for separate Address Confidentiality Program. See s. 741.465, Fla. Stat]

☐ Other (list applicable statute): _____

Printed Name: _____ Date of Birth: _____ Phone Number: _____

Home Address: _____

Signature: _____ Date: _____

Pursuant to Section 119.071(4)(d)3., F.S., your request must be notarized. The requestor hereby swears or affirms, under penalty of perjury, that the information contained in the foregoing public record exemption form is true and correct.

REQUIRED NOTARIZATION SECTION

STATE OF FLORIDA

COUNTY OF _____

The foregoing Public Records Exemption Request was sworn to (or affirmed) and subscribed before me by means of

☐ physical presence or ☐ online notarization, this _____ day of _____, 20_____, by

_____, who is:

_____ personally known to me OR

_____ produced the following identification: _____

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

**ADDENDUM FOR EXEMPTION OF PUBLIC DISCLOSURE
ONLY FOR DIVISION OF CORPORATIONS RECORDS**

Before the Florida Department of State, Division of Corporations can act on your request it needs the following additional information from you:

1. Complete home address that is to be redacted:

2. Are you now or have you ever been listed on the Division of Corporations' records as:
 - a. an officer or director of a corporation? Yes ☐ No ☐
 - b. a managing member or manager of a limited liability company? Yes ☐ No ☐
 - c. a general partner in a limited partnership? Yes ☐ No ☐
 - d. an owner of a fictitious name? Yes ☐ No ☐
 - e. a partner in a general partnership? Yes ☐ No ☐
 - f. a notary? Yes ☐ No ☐
 - g. an owner of a trademark registration Yes ☐ No ☐

3. Have you ever had a judgment lien filed against you that would have been filed in this office after October 1, 2001 Yes ☐ No ☐

If you answered "Yes" to one or more of the questions, and the address to be redacted is the **Registered Agent address** you will need to provide the name of the entity, registration or filing and an **alternate Florida street address that can replace the one we currently have in our records**. We cannot have a record with a missing Registered Agent address.

If the address to be redacted is the **principal place of business address for a corporation, limited liability company, or limited partnership** you will need to provide the name of the entity, registration or filing and an **alternate street address that can replace the one we currently have in our records**. We cannot have a record with a missing principal place of business for these entities.

Name/Names of entity or registration:

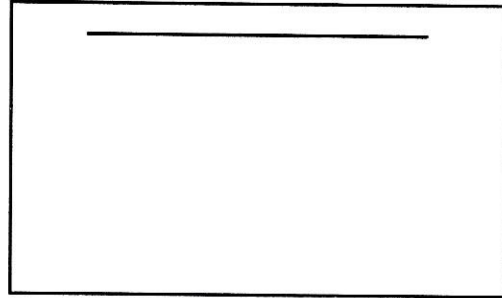
Alternate address to replace the one current on our records. Must be a Florida street address for replacing a redacted registered agent address. Must be a street address for replacing a redacted principal place of business for a corporate entity:

Please return this addendum with the **Public Records Exemption Request** form.
For questions concerning this addendum, call 850-245-6536.

STATE OF FLORIDA BOND OF
NOTARY PUBLIC OR
ONLINE NOTARY PUBLIC

Secretary of State
Notary Commissions
Form: DOC IN-7, R. 1N-7.001, F.A.C, effective 01/2020

FOR OFFICE USE ONLY
Approved by Department of State:



Bond No. _____

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS, That we;

(Name of Registrant)

as Principal, and

RLI Insurance Company

(Imprint name of Surety Company)

309-692-1000

(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 a Notary Public OR Online Notary Public in the amount of Twenty-Five Thousand Dollars (\$25,000) as assurance for the due discharge of the duties of his/her office of Notary Public OR Online Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally. Liability under this bond is limited to \$7500 for acts performed in the capacity of a Notary Public pursuant to section 117.01(7)(a), Florida Statutes.

Applicant was, on the date of issuance of Notary Public commission, bonded in and for the State of Florida as a Notary Public 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 a Notary Public or Online Notary Public, as prescribed by law, then *this* obligation shall be void.

By: _____

(Signature of Registrant)

Signed and sealed the _____ day of _____

(Affix Surety Seal)

RLI Insurance Company

(Name of Surety Company)

P.O. Box 3967, Peoria, IL 61612-3967

(Address of Surety Company)

Florida Notary "Discount" Association Co.

(Name of Bonding Agency or Company)

550 Hulet Dr #105, Bloomfield Hills, MI 48302

(Address of Bonding Agency or Company)

By: _____

(Signature of Florida Licensed Agent)

(Florida Licensed Agent Number)

(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 Twenty-Five Thousand Dollars (\$25,000).
After execution by surety company, the bond must be submitted to the Department of State for approval
and filing before issuance of the registration of online notary public.



RLI Insurance Company
P.O. Box 3967 Peoria, IL 61612-3967
Phone: 309-692-1000 Fax: 309-683-1610

Florida ONLINE Notary Order Form

Applicant Name: _____
Producer Number: _____ 80666
Producer Name: _____ Florida Notary "Discount" Association Co.
Producer Address: _____ 550 Hulet Dr #105, Bloomfield Hills, MI 48302

Step 1. Select a Notary Package Option.

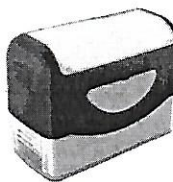
Basic	Stamp	Stamp & Journal
<ul style="list-style-type: none">■ Notary Bond■ Florida Filing Fee■ Online Registration Fee■ \$25,000 Errors and Omissions Coverage (If this option is selected, Notary Stamp must be purchased separately.) <input type="checkbox"/> \$159.00	<ul style="list-style-type: none">■ Notary Bond■ Florida Filing Fee■ Online Registration Fee■ \$25,000 Errors and Omissions Coverage■ Self-Inking Notary Stamp (Standard or Deluxe) <input type="checkbox"/> Standard \$179.00 <input type="checkbox"/> Deluxe \$184.00	<ul style="list-style-type: none">■ Notary Bond■ Florida Filing Fee■ Online Registration Fee■ \$25,000 Errors and Omissions Coverage■ Self-Inking Notary Stamp (Standard or Deluxe)■ Notary Journal <input type="checkbox"/> Standard \$184.00 <input type="checkbox"/> Deluxe \$189.00

Package prices include standard shipping.

Notary Stamp Options



Standard



Deluxe

Step 2. Complete and Sign Florida Notary Public Bond and Application.

Step 3. Mail original completed and signed Florida Notary Public Bond, Application, check payable to RLI Insurance Company and completed order form to RLI Insurance Company.

RLI Insurance Company
P.O. Box 3967
Peoria, IL 61612-3967

Thank you for choosing RLI Surety!

TOTAL: **\$ 0.00**

(Notary Package + Additional E&O)

FL-RLI
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