

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

# 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 <a href="http://www.flsenate.gov/Laws/Statutes/2019/Chapter117">http://www.flsenate.gov/Laws/Statutes/2019/Chapter117</a>.
- 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 <a href="http://notaries.dos.state.fl.us/education/index.html">http://notaries.dos.state.fl.us/education/index.html</a> 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.



# **NOTARY PUBLIC COMMISSION APPLICATION**

Florida Notary "Discount" Association Co 1-800-366-8279 1-800-3-NOTARY

Florida Department of State

Notary Commissions and Certifications Section (850) 245-6975

# (PLEASE COMPLETE EACH FIELD BEFORE MAILING APPLICATION.) <a href="PERSONAL INFORMATION">PERSONAL INFORMATION</a>

Full Name:	(Last)	(First)			(Middle)
Home Addr	ress:(Street)	(City)	(State)	(County)	(Zip)
Place of Em	nployment:	(City)	(State)	☐ Unemployed	☐ Retired
Business A	ddress:(Street)	(City)	(State)	(County)	(Zip)
Mail to: 🗖	Home ☐ Business ☐ Other Address:	(Street/P.O. Box)	(City)	(State)	(Zip)
E-mail Add	(or write "NONE")	Sex: ☐ Male ☐ Female	Race:	☐ Asian ☐ Black or Africe ☐ Native Americ ☐ White	an American an or Alaska Native
Home Phon	e:(or write "NONE")	-			
Business Ph	`	Extension:			
Florida Driv	ver License (or other State of Florida Issued ID):			Date of Birth:	/ / (Month/Day/Year)
Social Secu	rity Number				(Month Day/Tear)
2. A cc 3. A ar 4. A N if 5. H if H re 6. H N re 7. H st R ar	Are you a legal resident of Florida?  Yes No naintained throughout the appointment.)  Are you a United States citizen?  Yes No (If your you a Wartime veteran with a disability rating and provide proof of exemption.)  Are you now or have you ever been commissione totary education course and submit a signed certificate of the you held any professional licenses or commissione any been revoked? Yes No (If Yes, you gulating agency.)  Lave you been disciplined by a regulatory agency of (If Yes, you must submit a written statement about a gulating agency.)  Lave you been convicted of a felony or have you abmit a written statement of the nature of the offense(sestoration of Civil Rights.) *Please note applicants are and/or be referred to FDLE. Fla. Stat. §117.01(4)*  Are you currently on probation? Yes No	No, you must submit a recorded Declara g of 50 percent or more?   Yes   d a Notary Public in the State of Flo of completion. Fla. Stat. §668.50(11)(b)  Commission number)  issions (other than Notary Public) in must submit a written statement about to the nature of the action and any support thad an adjudication of guilt withheles), a copy of the court judgment and sent subject to FDLE background checks. Failur	No (If yes, your rida?  Yes)  A Florida dure the nature of the uding discipting document d for a felon encing order.	bile. Obtain this document with the country of the past 10 years the action and a copy of the action and a copy of the action, such as a copy y offense?   Yes If convicted, you mus	ent from your county en request for the fee reduction nust complete a 3 hour  on was issued) s? □ Yes □ No  of the final order from the confidential? □ Yes □ of the final order from the  No (If Yes, you must t submit a certificate of
		AFFIDAVIT OF CHARACTER	<u>R</u>		
	·			-	COUNTY
Ι,	(Print or Type Name of Affiant)	am unrelated to and have	known	(Name of A	applicant)
-	r or more; and to the best of my knowledge and		f good chara	acter.	
My address	is is(Street)	(City)	(State)	(County)	(Zip)
	ENALTY OF PERJURY, I DECLARE THAT I			, , ,	* **
Home Phon	ne: () Work I	Phone: ()(or write "NONE")	X	(Sjønature	of Affiant)

### **OATH OF OFFICE**

COLINITY

CTATE OF ELODIDA

STATE OF FLORIDA			COUNTY
I do solemnly swear (or affirm) that I will support, protect, and defithat I am duly qualified to hold office under the Constitution of the and know the duties, responsibilities, limitations, and powers of a nature of Florida, on which I am now about to enter. So help me God UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE STATED THEREIN ARE TRUE. I accept the Office of Notary Pul	state; that I have read Chapter notary public; and that I will we d* READ THE FOREGOING AF	117, Flori ell and fait	da Statutes, and any amendments thereto, hfully perform the duties of Notary Public,
STATED THEREIN ARE TRUE. Taccept the Office of Notary Put	one, state of Florida.		
X			
(Official Signature of Applicant)	(Date)	*Note:	If you affirm, you may omit the words
Print or Type Name – Name for which your commission will be issued) Must use legal	first name no initial		"So help me God." Fla. Stat. §92.52.
Acceptable options: Jonathan David Doe, Jon D. Doe, Jonathan Doe, Jonathan D. Do			

### **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 CERTAIN ENUMERATED PERSONS, INCLUDING, BUT NOT LIMITED TO, PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. (SEE SECTION 119.071, FLORIDA STATUTES) IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR FLORIDA NOTARY PUBLIC COMMISSION APPLICATION SUBMISSION, PLEASE OBTAIN A PUBLIC RECORDS EXEMPTION FORM FROM THE FLORIDA DEPARTMENT OF STATE BY ACCESSING THE FOLLOWING LINK AND FOLLOWING THE INSTRUCTIONS ON THE FORM: <a href="https://dos.myflorida.com/sunbiz/other-services/subpoenas-and-public-records-exemption-requests/">https://dos.myflorida.com/sunbiz/other-services/subpoenas-and-public-records-exemption-requests/</a>:

### **Application Registration for Online Notary Public**

<u>Mail to</u>: Florida Department of State, Division of Corporations, ATTN: Notaries PO Box 6327, Tallahassee, FL 32314 <u>In person or courier service to</u>: 2415 North Monroe St., Suite 810, Tallahassee FL 32303

### PERSONAL INFORMATION

Full Name:(Last)		First)	(Middle)
Name as Commissioned:			
Home Address:	(Stre	oot)	
	(Sue	ect)	
(City)	(State)	(County)	(Zip)
Email Address:	<u> </u>	Phone Number:	<del></del>
Florida Notary Commission Number:		Expiration:	
Florida Notary ID:			
Civil-Law Notary- Florida Bar Number:		Date Appoin	ted:
Commissioner of Deeds Expiration date:			
I will use the following RON Service Provider in compli	ance with Florida Law:		
The applicant confirms:			
<ol> <li>They have submitted evidence of obtaining a bond in</li> <li>They have submitted evidence of Errors and Omission</li> <li>They have submitted a copy of their commission or a</li> <li>They have submitted payment of registration fee of \$</li> <li>They understand that suspension, revocation, expirate Commissioner of Deeds immediately deactivates and</li> <li>They have submitted evidence of completing a classification.</li> <li>Under penalties of perjury, I declare that I have read the</li> </ol>	on (E&O) insurance policy in the min appointment as a Notary Public, Civil- 310 by check payable to the Florida D ion, or termination of the applicant's I Online Notary Public's registration. Froom or online course covering the du the foregoing Registration for Online N	I-Law Notary, or Commissioner of Deed Department of State.  Notary Public commission or appointment of State, and technology required the state of t	ent as a Civil-Law Notary, or ements for serving as online notary true.
	Signati	ure:	
STATE OF FLORIDA	Print N	Name:	
COUNTY OF			
Sworn to, affirmed, and subscribed before n		<del>-</del>	•
,			
me or who has produced		as identif	fication.
[PLACE NOTARIAL SEAL]	Notary Print N	y Signature: Name:	
	Notary	Public, State of Florida	
	My Co	ommission Expires:	

### STATE OF FLORIDA BOND OF NOTARY PUBLIC OR ONLINE NOTARY PUBLIC

# FOR OFFICE USE ONLY Approved by Department of State:

Secretary of State Notary Commissions Form: DOC IN-7, R. 1N-7.001, F.A.C, effective 01/2020	
STATE OF FLORIDA	Bond No.
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)
official capacity as a Notary Public OR Online Notary Public in t due discharge of the duties of his/her office of Notary Public OR	by be harmed as a result of a breach of duty by said applicant acting in his/her he amount of Twenty-Five Thousand Dollars (\$25,000) as assurance for the Online Notary Public and we do bind ourselves, and each of our heirs, er this bond is limited to \$7500 for acts performed in the capacity of a Notary
hold office for the term of four years in accordance with the Cons  Now, therefore, if said applicant shall faithfully discharge the dut	ion, bonded in and for the State of Florida as a Notary Public of Florida, to stitution and Laws of this State.  ies 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	8
	RLI Insurance Company (Name of Surety Company)
(Affix Surety Seal)	P.O. Box 3967, Peoria, IL 61612-3967 (Address of Surety Company)
(Minx Surety Sear)	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)
• e	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 claim or an application containing any false, incomplete,	with intent to injure, defraud, or deceive any insurer files a statement of or misleading information is guilty of a felony in the third degree."
After execution by surety company, the bond n	enty-Five Thousand Dollars (\$25,000).  nust be submitted to the Department of State for approval the registration of online notary public.



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# Florida ONLINE Notary Order Form

Applicant Name:				
Producer Number:	nber:80666			
Producer Name:	Florida Notary "Discount" Ass	ociation Co.		
Producer Address:	ss: 550 Hulet Dr #105, Bloomfield Hills, MI 48302			
Step 1. Select a Notary Package Operation  Basic  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.)	Stamp  Notary Bond Florida Filing Fee Online Registration Fee \$25,000 Errors and Omissions Coverage Self-Inking Notary Stamp (Standard or Deluxe)	Stamp & Journal  Notary Bond Florida Filing Fee Online Registration Fee \$25,000 Errors and Omissions Coverage Self-Inking Notary Stamp (Standard or Deluxe) Notary Journal		
\$159.00	Standard Deluxe \$179.00 \$184.00	Standard Deluxe \$184.00 \$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.

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Thank you for choosing RLI Surety!

TOTAL: \$ 0.00