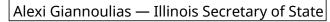
## Non-resident Notary Public Application





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Last Name:	First Name:			Middle Name or Initial:						
Name of Business Employer:	Driver's License or State ID Card Number (attach a photocopy):									
Business Address:										
Street:	City:	City:		State:		ZIP Code:				
Business Telephone Number:	Date of B	irth:		Applying for:   New	Oor	nmission $\Box$	Renewal of Commission			
Butto of Bill		Current Expiration Date								
County of Business:	ail:	Home Phone:								
Home Address:				<u> </u>						
Street:		City:			State:   ZIP		ZIP Code:			
Oli Odi.		City.				211 0000.				
Has your name, address or county changed since your last commission?   If yes, give previous name, address and/or county:  1. I am a U.S. citizen or an alien admitted for permanent residence. 2. I have worked or maintained a business in Illinois for 30 days.  4. I have never been convicted of a felony. 5. I am able to read and write the English language.										
3. I am age 18 or older.			6	i. I have never had a not	tary p	oublic commission	n revoked in the last 10 years.			
Have you ever been a notary public in this or any c	ther state?	P □ Yes □ N	No							
If yes, list the states:										
•										
NOTARIAL OATH  I do solemnly affirm, under the penalty of perjury, that the answers to all statements on this application are true, complete and correct; that I have carefully read the notary law of the State of Illinois; and that if appointed and commissioned as a notary public, I will perform faithfully, to the best of my ability, all notarial acts in accordance with the law. Further, my signature below authorizes the Office of the Secretary of State to conduct a background verification to confirm the assertions and information provided herein.										
Printed Name as you want commissioned										
Signature of Applicant as Printed Above			AFFIX N	NOTARY SEAL HERE						
Notary Public Signature:										
Witnessed and Affirmed this day of				, 20						
NOTARY PUBLIC BOND  THIS BOND MUST BE WRITTEN BY A COMPANY QUALIFIED WITH THE ILLINOIS DEPARTMENT OF INSURANCE TO WRITE SURETY BONDS IN THE STATE OF ILLINOIS. The Office of the Secretary of State does not recommend any particular bonding or insurance company.										
Know all by these presents that weas principal/applicant and										
CONTRACTORS BONDING AND INSURANCE COMPANY are held firmly bound unto the People of the State of Illinois, in the penal sum of FIVE THOUSAND DOLLARS (\$5,000), for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators and assigns jointly and severally, firmly by these presents.										
THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT, whereas, the above bound principal/applicant has applied for appointment by the Secretary of State of the State of Illinois as a Notary Public for a one-year term.										
Now, if said principal/applicant shall truly and faithfully perform and discharge the duties of said office of Notary Public, in all things according to law, then the above obligation to be null and void, otherwise to remain in full force and virtue in law. The term of this bond is from the effective date of the principals's/applicant's commission to the expiration date of the same.										
X			Χ							
XSignature of Principal/Notary Publ	lic Applicant		^	Signature of Au	ıthoriz	ed Representative	of Surety Company			
BOND NUMBER				AFFIX CORPORATE SE	EAL	HERE				