Michael Watson
SECRETARY OF STATE

Form 11NP001

Post Office Box 136
Jackson, MS 39205-0136

APPLICATION FOR NOTARY PUBLIC COMMISSION

- **Please type or print in ink. Name will appear on certificate as it is entered on this Form.**
- **This form is designed to be completed and printed from your computer. You cannot save the form on your computer unless you have the appropriate software. Fields marked with an asterisk (*) are required. Return completed Application with the $25.00 fee to the Secretary of State, Business Services Division, P.O. Box 136, Jackson MS 39205-0136. If you do not submit your bond within (60) sixty days, your application will be in lapse status and applicant will have to start the notary process again.**

This is a ☐ New ☐ Current Commission (Check only one) **Expiration Date:** _____ (Current Commission) **Notary ID#:** _____

Name(s) of Applicant: * _____

Email Address* _____

1. Street Address:* _____ City:* _____ MS Zip Code:* _____

2. Optional Mailing Address: _____ City:* _____ MS Zip:* _____

3. Telephone: Home:* _____ Fax: _____ Email: _____

Other Required Information:

4. Date of Birth:* _____ MS Driver's License # * _____ (or Non-Driver MS ID #) PIN:* _____ (Any 4 digits such as last 4 of SSN)

5. County of Residence:* _____

Business/Employer Information: This information will be published on the Notary Website. If you do not provide this information, your personal residential or mailing address will be listed on the Website.

6. Business Name: _____ Telephone: _____

7. Street Address:* _____ City: * _____ Zip:* _____

8. Mailing Address: _____ City: _____ Zip:* _____

Under penalty of perjury, I hereby certify that: I have read the instructions and the Notary Public Regulations and understand the qualifications for appointment to the Office of Notary Public; I am at least 18 years of age and I have never been convicted of a disqualifying felony; I can read and write the English language; I am a Citizen or other legal resident of the United States; and I have been a legal resident for more than thirty (30) days in the State of Mississippi and reside at the physical residential address provided on this application.

I swear or affirm that the above information is true and correct. _____
(Signature of Applicant)

Sworn to and subscribed before me this _____ day of _____, 20_____.

State of Mississippi
County of: _____

Notary Public _____ SEAL

My Commission Expires: _____