

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 and 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#:	
Legal Name of Applicant: *				
Commission Name of Applicant:*	nmission exactly as entere irst or middle name. Allov end," "Esquire," or simila	ed for "Commis wed: suffixes (r. This form m	ssion Name of Applicant" above. Full las Jr., Sr., II, III, etc.). Not allowed: full or ust be signed on the signature line belov	w,
1. Date of Birth:* Govt. Iden	tification #:*_ Driver's License or Non-Driver N	County of Res	sidence:*	
2. Street Address:*	City:*		MS Zip Code:*	
□Check here if you would like this address	published on the Notary We	bsite.		
3. Optional Mailing Address:	City:		State:Zip:	
☐ Check here if you would like this address	published on the Notary We	ebsite.		
4. Telephone:*Email:	commission will be emailed t	PIN:*	(Any 4 digits such as last 4 of S	3SN)
Business/Employer Information: This information residential or mailing address will be listed on the l	n will be published on the Not		• •	al
5. Business Name:*		phone:*		
6. Street Address:*				
7. Mailing Address:		City:	Zip:	
Under penalty of perjury, I hereby certify the qualifications for appointment to the Off of a felony in this State or other state-nation a suspension, restriction, or resignation of write the English language; I am a Citizen residential address provided on this application.	fice of Notary Public; I am and am not presently incard a notarial commission in or other permanent legal	at least 18 ye erated or on pa n this State or resident of the	ars of age and I have never been convic trole; I have never had a denial, revocati any other state or nation; I can read a United States; and I reside at the phys	ion, and
I swear or affirm that the above information i	s true and correct.			
Sworn to and subscribed before me this	day of	, 20	(Signature of Applicant)	
State of Mississippi County of:				
Notary Public			SEAL	
My Commission Expires:				