



State of Arizona
Notary Public Commission Application
Mail to: Arizona Secretary of State Ken Bennett
 Attention: Business Services, Notary Department
 1700 W. Washington Street, 7th Fl., Phoenix, AZ 85007-2808
 (602) 542-6187 (800) 458-5842 (within Arizona)
 Website: www.azsos.gov

DO NOT WRITE IN THIS SPACE

Please Note: The notary commission application process takes about three weeks. Applicants must purchase a Notary Bond BEFORE submitting this application. Notary Public Application Instructions are available online at www.azsos.gov.

FOR OFFICE USE ONLY – REV. 09/06/11

THIS COMMISSION & RENEWAL APPLICATION IS A LEGAL DOCUMENT

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| About this application Use this form to apply or renew a Notary Public Commission. The applicant's name on this form must EXACTLY match the name on the notary bond. How to complete this form Before proceeding, please read the Notary Public Application Instructions. Print clearly or computer generate this form online. | File by mail to the address above, or return in person: PHOENIX - State Capitol Executive Tower 1700 W. Washington Street First Floor, Room 103 Office Hours: Monday through Friday, 8 a.m. to 5 p.m. except state holidays. | TUCSON - Arizona State Complex Building 400 W. Congress Second Floor, Room 252 |
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1. APPOINTMENT TYPE Check One **New Appointment** **Renewal/Reappointment**
If your surname has changed and you are reapplying identify in the space provided the exact name you used on your last application. Refer to the information on your commission certificate. If you only want to change the surname on your commission, use the "Notary Public Address/Name Change Form"

| | | |
|---------------------|--------------------|--------------------------------|
| Previous First Name | Previous Last Name | Previous Middle Name (IF USED) |
|---------------------|--------------------|--------------------------------|

2. APPLICANT INFORMATION

| | | |
|---|----------------------|--------------------------------|
| Last Name | First Name | Middle (IF USED) |
| Mailing Address - <i>This is where your certificate will be mailed</i> | City | State Zip Code |
| Home (Physical) Address | City | State Zip Code |
| Applicant Social Security # | **AZ DL/ID # | Issue & Exp Date |
| | Home Telephone # () | Gender (M/F) Date of Birth / / |
| County of Residence <input type="checkbox"/> Apache <input type="checkbox"/> Cochise <input type="checkbox"/> Coconino <input type="checkbox"/> Gila <input type="checkbox"/> Graham <input type="checkbox"/> Greenlee <input type="checkbox"/> La Paz <input type="checkbox"/> Maricopa <i>Check one</i> <input type="checkbox"/> Mohave <input type="checkbox"/> Navajo <input type="checkbox"/> Pima <input type="checkbox"/> Pinal <input type="checkbox"/> Santa Cruz <input type="checkbox"/> Yavapai <input type="checkbox"/> Yuma | | |

3. BUSINESS/EMPLOYER INFORMATION

| | | | |
|--|--------------------------------|----------------|----------|
| Business/Employer Name | | | |
| Address (REQUIRED FIELD, Business/Employer address is public record) | City | State | Zip Code |
| Telephone Number (Include area code) | Fax Number (Include area code) | E-mail Address | |

4. DISCLOSURE

| | YES | NO |
|---|--------------------------|------------------------------|
| a. Have you ever been convicted of a felony OR a lesser offense involving moral turpitude of a nature that is incompatible with the duties of a notary public? <i>If "YES" have you had your civil rights restored? If your rights have been restored you MUST provide and attach: court documentation that demonstrates the restoration of your civil rights; and a court or law enforcement issued document that refers to the nature of the original charges.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you ever had a professional license revoked, suspended, restricted, or denied for misconduct, dishonesty, or any cause that substantially relates to the duties or responsibilities of a notary public? If yes, attach an explanation statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you ever had a notary commission revoked, suspended, restricted, or denied in this state or any other jurisdiction? If yes, attach an explanation statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are you 18 years of age or older? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are you a citizen or a legal permanent resident of the United States? ** | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Do you claim Arizona as your primary residence for state and federal tax purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Can you read and write English? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Have you been commissioned as a notary public in any other state or jurisdiction? <i>If "YES" please specify the jurisdiction(s)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Will you be performing notarizations in languages other than English? <i>Note: You must be able to understand a language in order to perform notarizations in that language. This information will be public record.</i> | <input type="checkbox"/> | <input type="checkbox"/> n/a |

5. APPLICANT ATTESTATION: OFFICE OF THE ARIZONA SECRETARY OF STATE

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| I, _____ | solemnly affirm, under penalty of perjury, that the answers to all questions on this application and all copies of documents included with this application true, complete, unaltered and correct; that I have carefully read and understand the notary law (Title 41, Chapter 2, Article 2) of this State; 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 Arizona notary law. |
| Signature of Applicant (Sign as printed) | Date |

** You **must** include a photocopy of your AZ DL or AZ ID. See **List A** in the Notary Public Application Instructions for a list of other documents that may be provided if you are unable to provide a copy of your AZ DL, or AZ ID.