



**NOTARY PUBLIC COMMISSION APPLICATION**

Florida Department of State  
Notary Commissions and Certifications Section (850) 245-6975

Mail Application to:



**American Association of Notaries, Inc.**  
P.O. Box 630601  
Houston, TX 77263

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (County) (Zip)

Place of Employment: \_\_\_\_\_  Unemployed  Retired

Business Address: \_\_\_\_\_  
(Street) (City) (State) (County) (Zip)

Mail to:  Home  Business  Other Address: \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip)

E-mail Address: \_\_\_\_\_  
(or write "NONE")

Home Phone: \_\_\_\_\_  
(or write "NONE")

Business Phone: \_\_\_\_\_ Extension: \_\_\_\_\_  
(or write "NONE")

Florida Driver License (or other State of Florida Issued ID): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The disclosure of a Florida notary public applicant's social security number is expressly required by Fla. Stat. §117.01(2) and is imperative for processing notary public commission applications. Please be advised that social security numbers are only used for processing the notary public commission application and are exempt from disclosure pursuant to Fla. Stat. §119.071(5)(a)5.

- Are you a legal resident of Florida?  Yes  No (If No, you are not eligible to apply for a Florida notary public commission. Legal residency must be maintained throughout the appointment.)
- Are you a United States citizen?  Yes  No (If No, you must submit a recorded Declaration of Domicile. Obtain this document from your county courthouse.)
- Are you now or have you ever been commissioned a Notary Public in the State of Florida?  Yes  No (If No, you, must complete a 3 hour Notary education course and submit a signed certificate of completion. Fla. Stat. §668.50 (11)(b).)  
If Yes: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Commission expiration date) (Commission number) (Name for which your commission was issued)
- Have you held any professional licenses or commissions (other than Notary Public) in Florida during the past 10 years?  Yes  No  
If Yes, please list: \_\_\_\_\_  
Have any been revoked?  Yes  No (If Yes, you must submit a written statement about the nature of the action and a copy of the final order from the regulating agency.)
- Have you been disciplined by a regulatory agency, including the Florida Bar, and including disciplinary action that is confidential?  Yes  No (If Yes, you must submit a written statement about the nature of the action and any supporting documentation, such as a copy of the final order from the regulating agency.)
- Have you been convicted of a felony or have you had an adjudication of guilt withheld for a felony offense?  Yes  No (If Yes, you must submit a written statement of the nature of the offense(s), a copy of the court judgment and sentencing order. If convicted, you must submit a certificate of Restoration of Civil Rights.)
- Are you currently on probation?  Yes  No

**AFFIDAVIT OF CHARACTER**

STATE OF \_\_\_\_\_ COUNTY

I, \_\_\_\_\_ am unrelated to and have known \_\_\_\_\_  
(Print or Type Name of Affiant) (Name of Applicant)

for one year or more; and to the best of my knowledge and observation know him or her to be of good character.

My address is \_\_\_\_\_  
(Street) (City) (State) (County) (Zip)

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ X \_\_\_\_\_  
(or write "NONE") (or write "NONE") (Signature of Affiant)

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**OATH OF OFFICE**

STATE OF FLORIDA

\_\_\_\_\_ COUNTY

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the state; that I have read Chapter 117, Florida Statutes, and any amendments thereto, and know the duties, responsibilities, limitations, and powers of a notary public; and that I will well and faithfully perform the duties of Notary Public, State of Florida, on which I am now about to enter. So help me God.\*

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND OATH, AND THAT THE FACTS STATED THEREIN ARE TRUE. I accept the Office of Notary Public, State of Florida.

**X**

\_\_\_\_\_  
(Official Signature of Applicant)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

\*Note: If you affirm, you may omit the words  
"So help me God." Fla. Stat. §92.52.

\_\_\_\_\_  
(Print or Type Name - name for which your commission will be issued.)

You may use an initial for your first or middle name but not for both.

For example, John K. Doe or J. King Doe are acceptable but not J.K. Doe, J. Doe or K. Doe.

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**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 SOCIAL SECURITY NUMBERS, PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR FLORIDA NOTARY PUBLIC COMMISSION APPLICATION SUBMISSION, PLEASE CHECK THE FOLLOWING BOX:

- Yes, I assert that identifying information provided in this application (other than my social security number, which I am aware is automatically exempt from public disclosure, pursuant to Fla. Stat. §119.071(5)(a)5) should be excluded from inspection under Public Records Law.

If Yes, please indicate what section of Florida Statutes provides this exemption in your particular situation:

\_\_\_\_\_

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL:

**Office of the Attorney General  
The Capitol, PL-01  
Tallahassee, FL 32399  
(850) 245-0158**

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**STATE OF FLORIDA  
BOND OF NOTARY PUBLIC**

Secretary of State  
Notary Commissions

FOR OFFICE USE ONLY  
Approved by Department of State:

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS, That we,

\_\_\_\_\_ as Principal, and  
(Name of Applicant)

\_\_\_\_\_ ( \_\_\_\_\_ )  
(Imprint Name of Surety Company) (Telephone Number)

as Surety Company, give bond payable to any individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as Notary Public, in the amount of Seven Thousand, Five Hundred Dollars (\$7,500) as assurance for the due discharge of the duties of his/her office of Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally.

Applicant was, on the date of issuance of commission, bonded as a Notary Public in and for the State of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of Notary Public, as prescribed by law, then this obligation shall be void.

**X**

\_\_\_\_\_  
(Signature of Applicant)

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(Name of Surety Company)

\_\_\_\_\_  
(Address of Surety Company)

\_\_\_\_\_  
(Name of Bonding Agency or Company)

\_\_\_\_\_  
(Address of Bonding Agency or Company)

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 with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

This bond shall be for Seven Thousand, Five Hundred Dollars (\$7,500). After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the notary public commission.

**SURETY BOND**

**SURETY BOND**



## Instructions to Complete the Florida Notary Application

Do not leave any fields blank. Enter N/A if it does not apply.

Call the **American Association of Notaries** (M–F, 9:00 a.m.–5:00 p.m. CT) at 1-800-721-2663 or email us at [sales@usnotaries.com](mailto:sales@usnotaries.com) for assistance completing the notary application.

Mail your completed application to AAN at P.O. Box 630809 Houston, Texas 77263

### 1 Course of Study:

A first-time notary applicant must complete, within one year prior to submitting a notary application, an interactive or classroom course that includes electronic notarization and the duties of the notary public. Mail a signed course certificate to AAN along with your completed signed application and bond forms.

### 2 Choosing your notary official name:

You must apply or renew using your LEGAL first name (or a nickname of your legal first name, within reason) and your LEGAL last name; the inclusion of your legal middle name or initial in your commissioned name is optional.

For example, John Doe Public could be commissioned as:

- John Doe Public
- John D. Public
- John Public
- Johnny Doe Public
- Johnny D. Public
- Johnny Public

The name you use when completing the notary application will be your official notary name that will be printed on your notary commission and that you will use when notarizing documents. Your notary seal must also include the same name printed on your notary commission.

### 3 Oath of Office *(Choosing your official notary signature)*

Sign the oath of office section swearing that you have read Chapter 117, Florida Statutes, and any amendments thereto, that you know the duties, responsibilities, limitations, and powers of a Florida notary public, and that you will faithfully perform the duties of a notary public in the State of Florida.

The signature you use to sign the oath of office will be your official notary signature that you will use to notarize documents. Use a signature with which you are comfortable.

## 4 Resident address

Do not use a post office box for a resident address.

## 5 Residency requirements:

You must be a legal resident of Florida. There is no certain length of time required to establish residency. For permanent resident aliens: "A permanent resident alien may apply and be appointed and shall file with his or her application a recorded Declaration of Domicile." Fla. Stat. § 117.01(1).

## 6 Felony Conviction:

If you were ever convicted of a felony, or if you ever had adjudication withheld or a sentence suspended for a felony offense, you must submit the following documents:

- Written statement regarding the nature and circumstances of the charge(s);
- Copy of the court judgment and sentencing order, or a comparable court document; and
- If convicted, a copy of the Certificate of Restoration of Civil Rights (or pardon).

To obtain information about the restoration of civil rights, you may contact:

Office of Executive Clemency 4070 Esplanade Way Tallahassee, FL 32399-2450.  
Phone: (850) 488-2952

## 7 Affidavit of good character

Have someone unrelated to you who has personally known you for one year or more complete this section.

## 8 Renewal of Notary Public Commission

You may submit your renewal application approximately six months in advance of your current commission's expiration date. Your notary commission is not renewed automatically. You must purchase a bond, take the oath of office, and purchase a new notary stamp. Do not use your new commission and new notary seal until your current notary commission expires.

## 9 Mail your notary application and bond section:

Mail your completed application to:

**AAN**  
**P.O. Box 630809**  
**Houston, Texas 77263**

We will promptly review your application for accuracy and completeness before filing it electronically with the Florida Department of State. We will ship your supplies once we receive your notary commission certificate from the Governor's Office.

