

A. Personal Information (PLEASE PRINT)

(1) Applicant Name: _____
(Initials and prefixes are not allowed - see instructions)

(2) Residential Address: _____
Street Address (P.O. Box is not acceptable)

City State Zip

(3) Business Address: _____
Street Address (P.O. Box is not acceptable)

City State Zip

Do not write in this space.

(4) Affix an impression of applicant's seal.

(5) Daytime telephone number: (____) _____

(6) Secondary telephone number: (____) _____

(7) Give expiration date of most recent Kansas appointment:

Month Day Year

B. Oath

I do solemnly swear that I am a resident of the state of Kansas, or a resident of a bordering state who regularly carries on a business or profession or is regularly employed in the state of Kansas; that I am over the age of 18 years and am able to read and write the English language; that I will support the Constitutions of the United States and the state of Kansas; that I have not been convicted of a felony or had a professional license revoked; and that I will faithfully discharge the duties of the office of Notary Public according to the law. So help me God.

(9) State of _____
County of _____ } ss.

(8) _____
Applicant signature

(10) Signed and sworn to before me this _____ day of _____, _____
Month Year

(11) My appointment expires: _____, _____
Month Day Year

(SEAL)

(12) _____
Notary's signature

C. Notary Surety Bond

Know All Persons By These Presents: That we, the above-named applicant as principal and

(13) _____
Name of Surety Company Address City State Zip

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 Kansas, to hold office for the term of four years in accordance with the 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. Further, we, the surety company, understand that we are required by K.S.A. 53-120 to report to the secretary of state the outcome on any claim filed on this bond.

(14) _____
Surety Date

Contact Information

Kansas Secretary of State
Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594
(785) 296-2239
notary@sos.ks.gov
www.sos.ks.gov

Notary Public Appointment Form Instructions

A. Personal Information

- (1) Enter the name of the applicant. The name listed here must match exactly to the name printed on the notary stamp in question (4). Initials in place of a first name (J. Michael Doe or J. M. Doe) and prefixes (Doctor, Father, Mrs.) are not acceptable. We recommend that your name be listed as it is listed on your state issued driver's license or identification card.
 - (2) Enter the street address of the residence of the applicant. This must be a physical street address – no post office boxes will be accepted.
 - (3) Enter the work street address of the applicant.
 - (4) Affix an impression of the notary stamp that the applicant will be using. If the applicant chooses to use more than one stamp, an impression of each must appear in the space provided. The applicant may either use a "seal press" (impression seal) with the impression to be blackened, or a rubber stamp to be used with permanent ink. The seal must include the applicant's name and the words "Notary Public" and "State of Kansas." "My appointment expires _____" also may be included. Although you must obtain your seal or stamp before completing the application process, you will not be authorized to notarize documents until you receive your certificate of appointment from the secretary of state. *The name on the stamp must match the name entered on the application (1) and the applicant signature (8).*
 - (5) Enter the applicant's daytime telephone number. (The best number to reach the applicant during the day.)
 - (6) Enter a secondary telephone number for the applicant. (This could be a cell phone, home phone or work number.)
 - (7) Enter the expiration date of the applicant's last appointment if he or she is currently a Kansas notary public or has ever been a Kansas notary public.
-

B. Oath

- (8) The applicant should sign the application after reciting the oath in the presence of a legally authorized notary public.
 - (9) The notary completing the oath (notarizing the applicant's signature) should complete the state and county in which the notarization takes place.
 - (10) The notary public who is notarizing the document should complete the date the oath was administered.
 - (11) The notary public who is notarizing the document should enter the date his or her notary commission expires.
 - (12) The notary public who is notarizing the document should sign the document and affix his or her notary seal in the space provided to the right of his or her signature.
-

C. Notary Surety Bond

The law requires a notary public to be bonded in the sum of \$7,500 for a four (4) year period automatically coinciding with the appointment. The bond must be a commercial surety bond from an insurance company licensed to do business in Kansas.

- (13) Enter the name and physical address of the commercial surety company.
 - (14) The signature should be completed by the Attorney in Fact from the insurance company and also the date he/she signed the bond. An insurance company must affix a corporate seal or attach its Power of Attorney.
-

D. Notary Application Filing Fee

Attach your check of \$25 for filing the notary appointment form, made payable to the secretary of state.

Notice: There is a \$25 service fee for all returned checks.



ORDER FORM (All States)



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 By Fax:
1-800-721-2664

So that we may process your order promptly, please provide us with a copy of your notary commission certificate. **Use a work street address for faster delivery and tracking service by UPS.** For fastest service, order online, or fax or call your orders in. Most orders placed by noon (Central Time) during our normal business hours will be shipped on the next business day. Allow 2-4 working days for UPS delivery.

Name as it appears on your commission certificate*

County Name (If Applicable) _____

Commission or Appointment # _____

Commission expiration date (mm/dd/yyyy): _____

*New applicants: Enter your name as on notary application. Leave exp. date & comm. no. blank.

Shipping Address

Company Name _____

Address _____

City _____

State _____ Zip _____

Daytime Phone Number (____) _____

Refund Policy: Requests for refunds on all incomplete orders must be in writing.

Type in any special instructions regarding shipping, stamp manufacturing, or other special needs

Form of Payment

Mail To: PO BOX 630601, Houston, TX 77263

Check enclosed payable to: **American Association of Notaries**

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Please charge my credit card account:



Account Number

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Expiration Date: _____

Customer Signature _____

Billing Address (Leave blank if same as shipping)

ITEM #	QUANTITY	PRODUCT DESCRIPTION (Include color choices for stamp ink and cases where applicable)	PRICE	TOTAL
KSNPB1	1	4-Years, \$7,500 Kansas Notary Bond with \$5,000 E/O Insurance	\$50.00	
KSPKG11	1	Kansas Value Package I	\$24.95	

California/Oregon notaries - Mail original "Certificate of Authorization" with your order.	Subtotal	\$
Georgia notaries - Mail duplicate of "Commission Certificate" with your order.	U.P.S. Shipping	\$ 5.95
North Dakota notaries - Request "Certificate of Authorization" from the Secretary of State's Office. Mail original with order.	TOTAL	\$
Nevada notaries - Mail original or certified copy of the "Certificate of Appointment".		
Utah notaries - Attach a photocopy of your notary commission to a notarized declaration as stated in Utah code section 46-1-17.		