

State of Wisconsin

Four-Year Notary Public Commission Application



OFFICE USE ONLY
COMMISSION DATE:
Fee: \$20.00

1. Is this yo	ur first Wisconsin co	ommission?	If	"No," ind	icate the most recent	expiration	date:	
2. If the name	e on your last commiss	sion has changed and you have	e not noti	fied us, list	former name(s) here:			
Current Full Name:	First	Middle			Last			Suffix
4. Mailing Address	In Care of: (Business	s Name, if applicable)			I			
Street Addr	ess or PO Box			City		State	Zip Code	
5. Email Addr	ess (For contact and/o	or emailing the commission cer	tificate)	6. Date	of Birth (MM/DD/YYYY)	7. Phone	Number (Best num	per to contact
impressio plain white	n is not clear, app e paper and includ	of seal/stamp sample he ly sample and signature de with this application.		12. apply Public with r Public grade provid Applic Submit:	f the conviction(s) a conviction(s). To the Department for a four-year appoint of the duties at a education, and that I have at a education, and that ded is true. Completed application Notary Bond \$20.00 (if not already submitted electronical or mail completed applicativ@wisconsin.gov	ted State of If "Ye nd indica t of Final bintment a United and respondent the t all of the	es? es," submit docu te current statu ncial Institutions as a Wisconsin States resident onsibilities of a e equivalent of a e information I is	mentation s of the s: I hereby Notary t, educated Notary in eighth nave
9. Sign your name exactly as it appears on your seal/stamp			Mailing Address: Notary Records Section WI Dept of Financial Institutions PO Box 7847					
10. Print your		ears on your seal/stamp		Madiso	on WI 53707-7847			
First	Middle	Last	Suffix	Conta	ct us: 608-266-8915			

Fax: 608-264-7965

State of Wisconsin Department of Financial Institutions Notary Records

Four-Year Notary Public Commission Application Instructions

This document may be made available in alternative formats upon request to qualifying individuals with disabilities.

You may NOT perform notarial acts until you are notified by the Department of Financial Institutions that the commission has been issued or reissued in the case of a reappointment.

General Requirements:

In order to become a Notary Public under Wisconsin Statute §137.01, you must be a resident of the United States, 18 years of age or older, have at least the equivalent of an eighth grade education, pass the online Notary Public exam (https://www.wdfi.org/apps/NotaryTutorialExam/TableOfContents.aspx) with 90% or better, (this can be taken an unlimited number of times until you pass) and have demonstrated adherence to laws according to Wisconsin Statutes with regard to arrests/citations/convictions. (Note that under current law, persons convicted in state or federal court of a felony, or persons convicted of a misdemeanor involving a violation of the public trust, may not be commissioned as notaries public for the State of Wisconsin unless they have been pardoned of the conviction.)

	u must purchase:
	an engraved official seal or official rubber stamp that only contains "State of Wisconsin," "Notary Public" and your printed name that must include your full current last name. No title such as "Dr." or "CPA" should appear before or after your name.
	a \$500.00 bond.
sea can nec sho	ase keep in mind that when performing a notarial act you must always sign your name exactly as set forth on your I/stamp. An application submitted with an un-clear seal/stamp impression or with additional non-notary seals affixed, anot be accepted for filing and will be returned. Be certain your seal/stamp impression is still totally clear and legible. If essary, affix the impression on a separate piece of paper and attach it to your application. Do not affix other seals/stamps (those wing county or expiration dates) on the application form, as these seals/stamps are not considered "official" notary seals, and refore, may not be affixed on the application.

Instructions for the Four-Year Notary Application

- 1. Indicate the expiration date of your most recent Wisconsin notary commission unless this is your first commission.
- 2. If you had a previous notary commission in Wisconsin and your name has changed, enter your former name(s).
- 3. Enter your current full legal name (first, middle, last and suffix (Jr, Sr, if applicable).
- 4. Enter your complete mailing address. Use "In Care Of" only if the mailing address is a business address.
- 5. Please enter your email address to receive communication regarding your notary application and commission certificate. You may wish to add "DFINotary@wisconsin.gov" to your contacts to prevent the email from being sent to a spam folder.
- 6. Enter your date of birth.
- 7. Enter your phone number with the area code. If you have an extension, enter that after your phone number.
- 8. Affix a clear impression of your notary seal/stamp in the space provided. (If the impression/stamp leaves an unclear mark, affix additional samples on a separate white sheet of paper and include the paper with your application.).
- 9. Sign with your official notary signature using the exact spelling as shown on your notary seal/stamp.
- 10. Enter your name exactly as signed (and as the name appears on the seal/stamp).
- 11 Answer "Yes" or "No." Attach an explanation if you answered "Yes"

	Read the statement and apply your original signature.
Υοι	ı must complete and submit the following:
	Four-year Notary Public Commission Application Notary Bond Form Oath of Office Form
	Certificate from passing the Notary Exam with 90% or better (www.wdfi.org/apps/NotaryTutorialExam/TableOfContents.aspx), taken within 1 year of the date of submission of the application.
	\$20 filing fee made payable to the Wisconsin Department of Financial Institutions (if not already submitted electronically)
Em	ail or mail completed application to: Contact us:
DFI	Notary@wisconsin.gov

DFINotary@wisconsin.gov
Notary Records Section
WI Dept of Financial Institutions
P. O. Box 7847
Madison WI 53707-7847

NOTICE: You are hereby informed that the information you provide on the application may be considered a public record available for public inspection. Wisconsin Statutes require that you provide written notice of any change of address to the Wisconsin Department of Financial Institutions within 10 days of the change. Grounds for revocation of your commission may include: providing false information on this application, submitting an application fee which is unredeemable due to insufficient funds or conviction for certain crimes while holding a commission.

Call: 608-266-8915

Fax: 608-264-7965

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Oath of Office Four-Year Notary Public Commission

Notary Applicant Section (person applying for a four-year notary public commission): ***IN THE PRESENCE OF A NOTARIAL OFFICER*** Complete lines 1 and 2. Do not notarize your own signature! I do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of Wisconsin, and will faithfully discharge the duties of the office of Notary Public, in and for the State of Wisconsin, to the best of my ability; that I am a resident of the United States, and am 18 years of age or older. 1. Notary Applicant Signature: _____ 2. Notary Applicant Printed Name: _____ **Notarial Officer Section** (person who administers the oath to the applicant, and watches the applicant sign): Complete lines 3-9. Officer who signs line 6 may not be the applicant who signs line 1. 3. State of ______ 4. County of _____ 5. Subscribed and sworn to before me on this day (MM/DD/YYYY): Note: The name and signature in numbers 6, 7 and 8 must be spelled exactly the same. 6. Signature of Notarial Officer: 7. Print name of Notarial Officer: _____ 8. Seal/Stamp of Notarial Officer 9. Check only **ONE** box: ☐ Notarial Officer is a Notary Public whose commission expires on . OR ☐ Notarial Officer is a Notary Public whose commission is Permanent. OR ☐ Notarial Officer is not acting as a Notary Public but as authorized by Section 706.07 or 887.01, Wis. Stats., with this title:

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Bond Instructions

All persons applying or reapplying for a four-year notary public commission must purchase a \$500 bond from an insurance company. Contact the insurance company of your choice to purchase a bond. This bond form, or a bond form supplied by an insurance company, must be completed and submitted to the Wisconsin Department of Financial Institutions as proof that you have purchased a bond. Any bond form supplied by an insurance company must be in a format previously approved by DFI. The insurance company you choose to supply your bond must be qualified to write surety bonds in Wisconsin.

Notary Applicant: Complete sections 1-6. Section 1 must be an original signature.

Insurance Agent: Complete sections 7-13. Sections 9, 10, and 11 must indicate the surety company's information rather than the local insurance agency's name and address. For section 13, if a seal or stamp is affixed, the name of the surety company on the seal or stamp must match the name listed in section 9. If a power of attorney form is used, the agent's name as signed in section 7 must appear on the power of attorney.

Notary Public Bond

KNOW ALL TO WHOM THESE PRESENTS SHALL COME, that we (notary applicant and surety), jointly and severally, undertake and agree that the notary applicant, upon appointment to the office of Notary Public, will faithfully discharge the duties of said office according to law, and that the surety will pay to the parties entitled to receive the same, such damages, not exceeding the aggregate FIVE HUNDRED DOLLARS (\$500) as may be suffered by them in consequence of the failure of the notary applicant herein to discharge his or her duties as a Notary Public.

Notary Applicant – Complete 1 – 6

1.	Signature of notary applicant			
2.	Print name of notary applicant			
3.	In care of: (Business name, if applica	able)		
4.	Mailing address of notary applicant			
5.	City	State	Zip	
6.	Daytime telephone of notary applican	t		

After this form has been completed, email or mail it in the same envelope along with your completed application, Notary exam certificate, Oath of Office, and \$20 filing fee (if not already paid online) to:

Notary Records Section WI Dept of Financial Institutions PO Box 7847 Madison WI 53707-7847

Questions?

Email: DFINotary@wisconsin.gov

Call: 608-266-8915 Fax: 608-264-7965

Insurance	Agent _	Compl	oto 7	_ 13
insurance	Auent –	Combi	ete / ·	– IS

	meanance rigem complete in						
7.	Signature of surety company aç	jent					
8.	Print name of person who signe	d #7					
9.	Print name of surety company						
10.	Mailing address of surety compa	ny					
11.	City	State	Zip				
12.	Date						

13. Surety company seal, stamp or power of attorney must be affixed.

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