



NOTARY APPLICATION
SECRETARY OF STATE
 SFN 11001 (08-07)

For Office Use Only

ID Number:
WO Number:
Secretary of State State of North Dakota 600 E Boulevard Ave Dept 108 Bismarck ND 58505-0500 Telephone: 701-328-2901 Toll Free: 800-352-0867 Ext 82901 Fax: 701-328-1690 Web Site: www.nd.gov/sos

FILING FEE: \$36.00

INSTRUCTIONS:

- For reference, see North Dakota Century Code, Section 44-06.
- A commissioned Notary Public, **not the applicant**, must duly swear (or affirm) your Oath of Office and notarize your signature.
- In compliance with the Federal Privacy Act of 1974, the disclosure of the social security number on this form is voluntary. They are not disclosed to the public. The numbers are used by the Secretary of State to maintain accurate notary files. Therefore, while voluntary disclosure is requested, failure to do so will not invalidate this notary application.
- Along with the application, submit a six-year notary surety bond in the amount of \$7,500.00. (The spelling of the name on the bond must be identical to the name in box # 1, **which is the legal name and spelling you will always use when notarizing documents.**)
- If you reside in a county which borders North Dakota, it will be necessary for you to complete an appointment of agent form.
- After the receipt of the fee, application and surety bond, you will be issued an authorization letter, which authorizes a vendor to provide you with an official notary seal/stamp. Once an impression of your seal/stamp is affixed to the return letter, the letter must be signed and returned to the Secretary of State's Office. When the return letter is received, approved, and filed, an official notary certificate of commission will be issued to you.

1. Legal Name of Applicant:		E-mail Address:		2. Social Security #:	
3. Home Mailing Address:		City:	State:	Zip Code:	4. Home Telephone #:
5. Work Mailing Address:		City:	State:	Zip Code:	6. Work Telephone #:
7. Spouse's Complete Name:(If Applicable)		8. If applicant is not a ND resident, list your county of residence and which ND county it borders:			
9. Type of Application:		<input type="checkbox"/> New Appointment <input type="checkbox"/> Re-Appointment		Previous Expiration Date:	
10. ALL applicants must answer the following questions. If YES, attach a written explanation and ALL legal documentation, if applicable.					
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been the subject of any inquiry or investigation by any division of North Dakota?			
<input type="checkbox"/>	<input type="checkbox"/>	Have you or has any occupational license held by you been censured, suspended, revoked, canceled, terminated or been subject to any type of administrative action in any state including North Dakota?			
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been charged with, or convicted of, or been indicted for, or entered a plea to, any criminal offense (felony, gross misdemeanor or misdemeanor), <u>other than</u> traffic violations, in any State or Federal Court?			
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been a defendant in any lawsuit involving claims of fraud, misrepresentation, coercion, mismanagement of funds, breach of fiduciary duty or breach of contract?			

AFFIDAVIT OF QUALIFICATIONS AND OATH OF OFFICE

I, the undersigned, being first duly sworn, hereby state that I am over the age of eighteen years of age, a North Dakota resident or reside in a county that borders North Dakota and which is in a state that extends reciprocity to a Notary Public who resides in a bordering county of this state, and that I desire to become a commissioned notary public in the State of North Dakota for a period of six years. I do solemnly swear (or affirm) that I will support the Constitution of the United States, and the Constitution of the State of North Dakota and that I will faithfully discharge the duties of the office of Notary Public according to the best of my ability, so help me God.

_____/_____
 Applicant Signature in front of a commissioned Notary Public Date

State of _____

County of _____

Subscribed and Sworn before me, this _____ day of _____, _____.

(Notary Seal/Stamp)

 Notary Public

My Commission Expires: _____