



State of Arizona Application for Notary Public Commission
Mail To (And Checks Payable To): Arizona Secretary of State
1700 W. Washington, 7th Floor
Attn: Notary Department
Phoenix, Arizona 85007

SEE INSTRUCTIONS FOR COMPLETE DETAILS OR VISIT OUR WEBSITE AT WWW.AZSOS.GOV/BUSINESS_SERVICES/NOTARY OR CONTACT A NOTARY REPRESENTATIVE AT 602-542-4758

Commission #:

This form must be written legibly or computer generated. For your convenience, this form has been designed to be filled out and printed online at the website referenced above.

BE AWARE THAT YOU CANNOT NOTARIZE DOCUMENTS UNTIL THE CLERK OF THE SUPERIOR COURT SENDS YOU A COMMISSION CERTIFICATE.

- Check One** **New Appointment**
 Reappointment (if your name has changed since your last application, identify on the line below the exact name you used on that prior application.)

THIS APPLICATION IS A LEGAL DOCUMENT

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|---|-----------------------------|--------------------------------|-------|---|
| Last Name | | First Name | | Middle (IF USED) |
| Mailing Address (THIS IS WHERE YOUR CERTIFICATE WILL BE SENT) | | City | State | Zip Code |
| Home (Physical) Address | | City | State | Zip Code |
| County of Residence | Your social security number | Home Phone (include area code) | | |
| Business Name | | | | |
| Business Address (REQUIRED AND IS A PUBLIC RECORD) | | City | State | Zip Code |
| Business Phone (include area code) | Fax # (include area code) | Email Address | | <input type="checkbox"/> Male <input type="checkbox"/> Female |

| Please answer the following questions. | YES | NO |
|--|--------------------------|--------------------------|
| 1. 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? If the answer to #1 is "Yes," have you had your civil right restored? If "yes", you MUST provide proof of the restoration of your civil rights AND documentation regarding the nature of your conviction and/or offense. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 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, please explain on a separate sheet of paper. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had a notary commission revoked, suspended, restricted, or denied in this state or any other jurisdiction? If yes, please explain on a separate sheet of paper. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you 18 years of age or older? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you claim Arizona as your primary residence for state and federal tax purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been commissioned as a notary public in any other state or jurisdiction? (If "yes", please specify the location(s) to the right: | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you bilingual? (If "yes", please list the language(s)). | <input type="checkbox"/> | <input type="checkbox"/> |

OFFICE OF THE SECRETARY OF STATE

I, _____, solemnly affirm, under penalty of perjury, that the answers to all
 (PLEASE PRINT YOUR NAME AS PRINTED ABOVE)

questions on this application are true, complete, 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. **(Please note that your NAME MUST BE PRINTED AND SIGNED the SAME on this APPLICATION as it is on your BOND.)**

Signature of Applicant

Date