

## STATE OF IDAHO NOTARY PUBLIC APPLICATION CHECKLIST

#### Idaho State Employees STOP HERE

Idaho State Employees must contact the Dept. of Administration before proceeding with your notary application. Contact Penny Thorpe at (208) 332-1824, or email notary@adm.idaho.gov.

# Missing any one of the steps provided below may cause your appointment as a notary public to be delayed.

## **Notary Application:**

- 1. I have indicated if this is a new commission or a recommission.
- \_\_\_\_\_2. If this is a recommission I have provided my state file number: http://www.sos.idaho.gov/NotarySearch/
- \_\_\_\_\_ 3. If this is a recommission, my commission expires within 90 days, or has expired.
- \_\_\_\_\_\_4. The name I entered on the application matches the name on my notary seal *exactly*.
- \_\_\_\_\_ 5. I have provided a physical address on the application.
- \_\_\_\_\_ 6. I have truthfully answered "NO" to all of the notary qualifications.
- \_\_\_\_\_ 7. I have sworn the Oath of Office before a commissioned notary public.
- \_\_\_\_\_ 8. I have signed the Oath of Office.
- 9. The Oath of Office is notarized by a commissioned notary (not myself).

## **Notary Bond:**

- \_\_\_\_\_ 11. I have a notary bond in the amount of \$10,000.
- \_\_\_\_\_ 12. My notary bond was issued within the past 90 days.
- \_\_\_\_\_ 13. I have signed the notary bond.

### Submission:

- \_\_\_\_\_ 14. I will submit to the Secretary of State:
  - \_\_\_\_\_\_ a. My notary public application (1 page).
  - \_\_\_\_\_ b. My original, signed, notary bond (1 page).
  - \_\_\_\_\_ c. A payment of \$30.00 (unless I am an exempt government employee).

#### \_\_\_\_\_ 15. I <u>will not</u> submit to the Secretary of State:

- \_\_\_\_\_\_ a. My Errors and Omissions policy.
- \_\_\_\_\_ b. Insurance papers, other than my 1-page notary bond.

#### Make checks payable to: Idaho Secretary of State

<u>Mailing address:</u> Idaho Secretary of State P.O. Box 83720 Boise, ID 83720-0080 <u>Physical address:</u> Idaho Secretary of State 450 N. 4th Street Boise, ID 83702

Phone: (208) 332-2849

Idaho Secretary of State PO Box 83720	OTARY PUBLIC A	PPLICATION		
Boise, ID 83720-0080 Fee: \$30 – Make checks payable to: Secretary of State				
**Submit your signed not	• •			
CHECK ONE: New Appointment				
	ommission number:		ww.sos.idaho.gov/Notar	/Search/
Former Name: Only needed if you were previous Former Last Name:	DUSIY COMMISSIONED IN Idaho	under a different name.		
Part 1. Government employment: If you c	an truthfully answer "ves." the	ere is no fee for filing this	s application.	
Are you a city, county, or state government				
If yes, government agency name: Agency phone:				
Part 2. Applicant Information: Enter your	name <u>exactly</u> as it appears	on your notary seal.	Please note: The	e information
provided in this application will be public record.	First Name:	Middle Name or In	itial (if used):	Suffix (Jr., Sr., ect.):
Email Adrees (for future correspondence or information):			Doutino Phone Num	
Email Address (for future correspondence or information):			Daytime Phone Num	Jer.
Physical/Residential Address (not a PO Box):		City:	State: Zi	pcode:
Name and Mailing Address (if different from applicant name and physical	address):	City:	State: Zi	pcode:
Part 3. Idaho Notary Bond Information: Enter surety company name, and bond number (required).				
Surety Company Name:			Bond Number:	
Part 4. Qualifications: Mark the below state	ments "Yes" or "No".		•	
Yes No	or crime involving fraud, dish	onesty, or deceit?		
Have you been found in any legal proceeding or disciplinary action to have acted fraudulently, dishonestly, or deceitfully?				
Have you had a notary commission denied, revoked, or restricted in any state?				
If you checked "Yes" to any of the qualifications, attach a detailed, written explanation, and ALL associated documentation				
Part 5. OATH OF OFFICE: Swear (or affirm) and sign this oath in the presence of a commissioned notary (not yourself).				
I,, or permanent legal resident of the United States, I am able to read and write, I am qualified to be a answers to all questions in this application are tru am familiar with their provisions; that I will upho Idaho; and that I will faithfully perform, to the be	I am a resident of or have a pl ppointed and commissioned a le, complete, and correct; that old the Constitution of the Un est of my ability, the duties of t	ace of employment or h as a Notary Public for th I have carefully read the ited States and the Cons	ave a place of pr ne State of Idaho e notary laws of stitution and law	actice in Idaho, , and that the this State and I
Applicant Signature:		This block t	for Secretary of St	ate use only.
State of Idaho )			O NO	
County of)		STAN		
Subscribed and sworn (or affirmed) before me thisday of, 20		0		
(Notary Public Signature)		11		
My commission expires on,20				Rev. 07/2017

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