

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

IMPORTANT: You are not a notary until you receive your notary certificate at your residence from the Kansas Secretary of State. Do not submit the appointment form until 90 days prior to your expiration date. The appointment form must be submitted by mail.

# A. Personal Information (Required before submitting) K.S.A. 53-102

Filing fee	Submit this form with the \$25 filing fee for the notary appointment form.				
Payment	Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash.				
	NOTICE: There is a \$25 service fee for all checks returned by your financial institution.				
	Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:  Credit card number				
	Billing zip code Expiration date				
Appointment	Mark if this is a new appointment or if this is for reappointment.				
Applicant name	The name must match exactly to the name printed on the notary stamp in field #7. Prefixes (Doctor Father, Mrs.) are not acceptable. To use initials for the first name, you must submit a photo copy of government-issued ID that shows an initial as a first name. We recommend that your name be listed is listed on your state-issued driver's license or identification card. K.S.A. 53-105.	a			
Residential address	Enter the street address of the residence of the applicant. This must be a physical street address – post office boxes will be accepted. The notary certificate must be mailed to this address upon succ application. <b>K.S.A. 53-105a</b> .				
Business address	Enter the street address of the business where the applicant works. (Optional)				
Seal/stamp impression	Affix an impression of the notary stamp that the applicant will be using. If the applicant chooses to us than one stamp, an impression of each must appear in the space provided. The applicant may eithe a "seal press" (impression seal) with the impression to be blackened, or a rubber stamp to be used we permanent ink. The seal must include the applicant's name and the words "Notary Public" and "State Kansas." "My appointment expires" also may be included. Do not include the county we the seal. Although you must obtain your seal or stamp before completing the appointment process, you not be authorized to notarize documents until you receive your certificate of appointment from the Seal of State. The name on the stamp must match the name entered on the appointment form in field #1. K.S.A. 53-105. Stamps can be obtained from most office supply stores.	r use with e of vithin you wil ecretai			
Daytime phone	Enter the applicant's daytime telephone number. (Required)				
Secondary phone	Enter the applicant's secondary telephone number. (Optional)				
Expiration date	Enter the expiration date of the applicant's last appointment if he or she is currently a Kansas notar public or has ever been a Kansas notary public.	ry			



## B. Oath (Required before submitting) K.S.A. 53-102

Signature	The applicant must sign the appointment form after reciting the oath in the presence of a legally authorized notary public. The alternative affirmation in parentheses may be recited instead of the italicized commencement and conclusion of oaths. <b>K.S.A. 54-104</b> .
State/County	The notary completing the oath (notarizing the applicant's signature) should complete the state and county in which the notarization takes place. <b>K.S.A. 53-508</b> .
Date administered	The notary public who is notarizing the appointment form must complete the date the oath was administered. <b>K.S.A. 53-508</b> .
Notary's commission	The notary public who is notarizing the appointment form must enter the date his or her notary commission expires. <b>K.S.A. 53-508</b> .
Notary's signature/seal	The notary public who is notarizing the appointment form must sign the document and affix his or her notary seal in the space provided above his or her signature. <b>K.S.A.</b> 53-508.

# C. Notary Surety Bond (Required before submitting) K.S.A. 53-102

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. <b>The surety company must complete this section.</b>
Surety name & address	Enter the name and physical address of the commercial surety company.
Surety signature	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.

Additional Information: Please review the Kansas Notary Public Handbook for information regarding Kansas notaries.

For a change of name, home or business address, stamp, or cancelation of the commission bond, please file a form NC.



# KANSAS SECRETARY OF STATE **Notary Public Appointment Form**

### **Kansas Office of the Secretary of State:**

Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594

(785) 296-4564 notary@ks.gov www.sos.ks.gov

THIS SPACE FOR OFFICE USE ONLY.

Instructions: All information must be completed or this form will not be accepted.

IMPORTANT: You are not a notary until you receive your notary certificate at your residence from the Kansas Secretary of State. Do not submit the appointment form until 90 days prior to your expiration date. The appointment form must be submitted by mail.

A. Personal in	rormation						
Please check one	<b>)</b> :						
New appointment	t 🔲 Re	eappointment					
1. Applicant's na	me (Must match	name on the sea	al.)	Previous name	<b>e</b> (If your name has ch	anged from the p	previous appointment.)
2. Residential ad	dress (P.O. box	x is not acceptab	e.)	3. Business a	ddress (Optional)		
Street Address			Street Address				
City		State	Zip	City		State	Zip
4. Daytime phone	<b>e</b> (Required)			5. Secondary	phone (Optional)		1
6. Expiration date	e of last Kar	nsas appoir	ntment	7. Affix an imp	pression of app	olicant's se	al/stamp
Month	Day	Year					
For reappointmen	nt only:			_			
Your current com until after the dat	mission exp						

## B. Oath

I do solemnly *swear*\* (sincerely and truly declare and affirm) that I am a legal 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*\* (And this I do under the pains and penalties of perjury).

8. Applicant's si	gnature					,,,	
		-					
9. State of	Count	y of		i			
						(Seal)	
10. Signed and	sworn to before me	on:					
Month	Day	Year					
11. My appointn	nent expires:			ı 12. Nota	ary's signature	e	
Month	Day	Year					
* You may say the	phrase inside the pare	entheses instead	of the ita	licized words	).		
C. Notary Sur	ety Bond (The sure	ety company mu	st compl	ete this sect	ion)		
Know All Persons	By These Presents: Th	at we, the above	-named a	applicant as	principal and		
13. Name and a	ddress of surety cor	npany					
Street Address							
City			State		Zip		
her official capacity of the duties of his severally. Applicant for the term of four the office of notary	y as notary public, in the her office of notary punt was, on the date of in years in accordance w	ne amount of severablic and we do be assuance of common vith the laws of the by law, then this	en thousaind ourse nission, b is state. obligatio	and five hund elves, and ea onded as a r Now, therefo n shall be vo	dred dollars (\$7, ch of our heirs, notary public in re, if said applicid. Further, we,	,500) as assurar executors and a and for the state cant shall faithful the surety comp	aid applicant acting in his/ nce for the due discharge administrators, jointly and of Kansas, to hold office by discharge the duties of pany, understand that we
14. Signature of	Attorney-in-Fact			I			
Date				l		(Corporate Seal)**	
Month	Day	Year					

<sup>\*\*</sup> Attach corporate seal or submit with the Power of Attorney.