

STATE OF LOUISIANA  
SECRETARY OF STATE

TOM SCHEDLER  
SECRETARY OF STATE

Notary Division  
(225) 922-0507

Fax Numbers  
(225) 932-5359 Notary



**TRANSMITTAL INFORMATION  
For All Notary Filings**

Please indicate below payment and contact information

Check or Money Order Enclosed

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Name of person filing document

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Email address

Mailing Address: P. O. Box 94125, Baton Rouge, LA \* 70804-9125  
Office Location: 8585 Archives Ave., Baton Rouge, LA \* 70809  
Web Site Address: [www.sos.la.gov](http://www.sos.la.gov)

Tom Schedler  
Secretary of State



## Application to Qualify for Appointment as Notary Public

La. R. S. 35:191(C)

**Enclose \$35 application fee**  
**Make remittance payable to**  
**Secretary of State**  
*Do not send cash*

**Return to:** Notary Division  
P.O. Box 94125  
Baton Rouge, LA 70804-9125  
**Physical Address:**  
8585 Archives Avenue  
Baton Rouge, LA 70809  
**Phone:** (225) 922-0507  
**Web site:** www.sos.la.gov

### SECTION ONE

#### A. CERTIFICATE OF AGE, RESIDENCE, AND LOCATION OF OFFICE

\*\*\* TYPE OR PRINT LEGIBLY \*\*\*

<b>Full Legal Name</b>			
<b>Parish of Residence (Domicile)</b>			
<b>Parish of voter registration</b>			<b>ERIN Verified</b>
<b>Residence Address</b>	Street	City/Zip	
<b>Mailing Address (if different from residence)</b>	Street	City/Zip	
<b>Previous Address (if current is less than 5 years)</b>	Street or PO Box	City/Zip	
<b>Telephone Numbers</b>	Home	Cell	
<b>Date of Birth</b>		<b>Social Security # (last 4 digits)</b>	
<b>Email Address</b>			
<b>Current Primary Employment</b>	Name of Employer	Job title or position	
	Street	City/Zip	
	Phone		
<b>Additional current employment</b>	Name of Employer	Job title or position	
	Street	City/Zip	
	Phone		

#### B. DECLARATION OF STATUTORY QUALIFICATIONS FOR APPOINTMENT

<b>Country of Citizenship</b>		If you are not a US citizen, check the box on right and attach an original or certified true copy of INS documentation certifying your legal status as a resident alien. <input type="checkbox"/>
<b>Language Proficiency</b>	I hereby declare that I read, write, speak and am sufficiently knowledgeable of the English language	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Education</b>	I have received a high school diploma, a diploma for completion of a home study program approved by the State Board of Elementary and Secondary Education or a high school equivalency diploma after successfully completing the test of General Educational Development.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>SECTION TWO</b>		<b>ATTESTATION OF GOOD MORAL CHARACTER, INTEGRITY, AND SOBER HABITS</b>	
<b>Answer ALL questions, and furnish complete details of any "Yes" answer(s) on the Supplemental Information Form - SECTION SEVEN</b>		<b>Yes</b>	<b>No</b>
A. Have you ever held a commission as a notary in Louisiana not disclosed elsewhere on this application? If yes, furnish commission parish, date, and name and report the current status of that commission.			
B. Have you ever been convicted of any crime (other than as a juvenile) (whether misdemeanor or felony) in any state, the United States, or foreign state? If so, provide the date of the conviction, the court in which you were convicted, the actual charges of which you were convicted, and the facts surrounding the crime.			
C. Have you ever been a party to any lawsuit, court or administrative proceeding—whether civil, criminal, or combination of both—in which you were accused of being dishonest or making a false statement? If so, provide the caption of the lawsuit, the court or agency in which the proceeding was brought, the allegations against you, and the disposition of the proceeding.			
D. Has any surety on any bond on which you were the principal been required to pay any money on your behalf? If so, provide the name and address of the surety, the name and address of the party to whom monies were paid, and the amount of the claim and the date you reimbursed the surety.			
E. Have you ever filed a petition for bankruptcy and been denied discharge from any debt? If so, provide case information including the name and address of the court, any trustee, and, with respect to debts not discharged, the names of creditors and amounts not discharged in the proceedings that remain unpaid.			
F. Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified from practice in any profession or as a holder of public office? If so, provide name of entity issuing sanctions, dates, summary of incident, and ultimate disposition.			
G. Have you ever been the subject of any formal charges concerning your conduct as an attorney, or conduct in any profession? If so, provide name of entity with whom complaints were filed, dates, summary of charges, complaints, or grievances, and ultimate disposition.			
H. Have you ever been the subject of any formal charges alleging that you engaged in the unauthorized practice of law, including any now pending? If so, provide name of entity having jurisdiction over such charges, dates, summary of the charges, complaints, or grievances, and disposition.			
I. Have you received any discharge from military service other than honorable discharge, or were you court-martialed, allowed to resign in lieu of court-martial, awarded non-judicial punishment, or administratively discharged? If so, provide complete details including branch of service, dates, place where proceedings were filed, and disposition.			
J. Have you ever been the subject of any honor code violation proceeding in any educational institution? If so, provide name of institution, dates, summary of the incident, and disposition.			
K. Have you ever been denied a license for business, trade, or profession (e.g. CPA, real estate broker, physician, patient practitioner, etc.)? If so, provide details including name of authority denying license, type of license, date and reasons for denial, and whether appeal was taken and disposition, if any, of appeal			
L. Have you ever had a business, trade or professional license revoked? If so, provide name of authority revoking license, date, and reasons for revocation.			
M. Have you been charged with any alcohol or drug-related traffic violations during the past 10 years? If so, provide complete details including dates, nature of violation, and disposition.			
<b>Answers to questions below are confidential and protected by law from public disclosure.</b>			
N. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation, any inquiry, or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization, or license authority? If your answer to the question above is yes, furnish complete details.			
O. Have you ever been terminated, suspended, disciplined, or permitted to resign in lieu of a termination from any job due to fraud, alcohol, drug abuse or any other charges of misconduct? If yes, provide the name of the employer, dates of employment, and fully explain the circumstances.			

SECTION THREE (check only one)	EXEMPTION FROM EXAMINATION La. R.S. 35:191(C)(2)(c) or La. R.S. 35:191(E)	Office use
<input type="checkbox"/> Attorney admitted to the practice of Law in the State of Louisiana	Applicant is duly licensed to practice law in the State of Louisiana, and is exempt under R.S. 35:191(C)(2)(c) from taking or passing the Louisiana state notary examination provided for in R.S. 35:191.1.	Status verified by:  Approval Date:
<input type="checkbox"/> Notary currently commissioned in the State of Louisiana seeking a dual commission	Applicant currently holds a valid commission as a notary public in the State of Louisiana in and for the Parish of _____, and is exempt under R.S. 35:191(C)(2)(e) from taking the Louisiana state notary examination provided for in R.S. 35:191.1.	Status verified by:  Approval Date:
<input type="checkbox"/> Notary/Attorney Notary currently commissioned in the State of Louisiana changing parish of residence	Applicant holds or has held a valid commission in and for the Parish of _____, and is changing his residence/office location to _____ parish, and is exempt under R.S. 35:191(E) from taking or passing the Louisiana state notary examination provided for in R.S. 35:191.	Status verified by:  Approval Date:
<b>EXAMINATION REQUIRED – La. R.S. 35:191.(C)(2)(b)</b>		
<input type="checkbox"/> New Applicant Examination Registration	The undersigned applicant declares that he has met the requirements for appointment to the office for which he has applied and hereby requests approval to register to take the Louisiana state notary public examination provided for in R.S. 35.191.1  <div style="border: 1px solid black; padding: 2px; display: inline-block;">Examination Registration requires a <b>separate</b> \$100 examination fee</div>	Status verified by:  Approval Date:
<b>SECTION FOUR</b>	<b>STATEMENT OF APPLICANT</b>	
<p><b>STATEMENT of APPLICANT</b></p> <p>I, _____, herein applying to qualify for appointment to the office of <i>Notary Public in and for the Parish of</i> _____, do state that the information contained in this application and in all supplemental forms and attachments hereunto are true and complete and given for the purpose of obtaining appointment to the office Notary Public under the provisions of R .S. 35 <i>et seq.</i></p> <p style="text-align: right;">_____ Applicant signature</p> <p style="text-align: right;">_____ Applicant printed name</p>		

**SECTION FIVE****ATTACHMENTS - CHECK ALL THAT APPLY**

- Notary Public Examination Registration (along with **separate** \$100 examination fee)
- Proof of Immigration Status
- Letter of Good Standing from Supreme Court
- Supplemental Information Form (for SECTION TWO questions)

**SECTION SIX****SECRETARY OF STATE USE ONLY**

**Date received:** \_\_\_\_\_

**Fees received:**

\$35 qualifying application fee     \$100 exam registration fee     \$35 commission filing fee

**Court Approval Required**

**Date Approved:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

<b>SECTION SEVEN</b>	<b>SUPPLEMENTAL INFORMATION FORM</b>
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A.	
B.	
C.	
D.	
E.	
F.	
G.	
H.	
I.	
J.	
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(If more space is needed use a blank piece of paper)