

Form 11NP001

Form 11NP001 Revised 8/2012

Post Office Box 136 Jackson, MS 39205-0136

APPLICATION FOR NOTARY PUBLIC COMMISSION

- Please type or print in ink. Name will appear on certificate as it is entered on this Form.
- This form is designed to be completed and printed from your computer. You cannot save the form on your computer unless you have the appropriate software. Fields marked with an asterisk (*) are required. Return completed Application with the \$25.00 fee to the Secretary of State, Business Services Division, P.O. Box 136, Jackson MS 39205-0136. If you do not submit your bond within (60) sixty days, your application will be in lapse status and applicant will have to start the notary process again.

This is a □ New □ Current Commission (Check only one)	Expiration Date: (Current Commission)		Notary ID#:
Name(s) of Applicant: *			
Email Address*			
1. Street Address:*	City:*		MS Zip Code:*
Optional Mailing Address:	City:	·	MS Zip:*
3. Telephone: Home:*	Fax:	Email:	
Other Required Information:			
4. Date of Birth:*	MS Driver's License # *		PIN:*
5. County of Residence:*	(or Non-Driver MS ID #)		(Any 4 digits such as last 4 of SSN)
Business Name: Street Address:*			
8. Mailing Address:			
Under penalty of perjury, I hereby certify the qualifications for appointment to the O of a disqualifying felony; I can read and wand I have been a legal resident for more taddress provided on this application.	ffice of Notary Public; I am rite the English language; I	ı at least 18 yea l am a Citizen o	rs of age and I have never been con r other legal resident of the United S
I swear or affirm that the above information	is true and correct.		(6) (7) (1)
Sworn to and subscribed before me this	day of	20	(Signature of Applicant)
State of Mississippi County of:	uay ui	, 20	
Notary Public			SEAL
My Commission Expires:			