

Wyoming Notary Public Commission Application

Instructions: Type or print clearly, filling in all blanks. Incomplete or illegible forms may be returned.

1. Commission Name Style (type or print name to exactly match signature below)			2. County of Residence		
3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Last Name		5. First Name		6. Middle Name
7. Residential Address (street/route)		8. City	9. Zip Code		10. Home/ Cell Phone
11. Mailing Address (where notary information will be mailed)			12. City	13. Zip Code	
14. Name of Employer				15. Business Phone	
16. Address of Employer			17. City	18. Zip Code	
19. I am applying for: <input type="checkbox"/> A new commission; or <input type="checkbox"/> A renewal of my current commission. My current commission expiration date is: _____					
20. Have you ever been a Wyoming notary? <input type="checkbox"/> Yes, under the name of _____ in _____ County. <input type="checkbox"/> No.					

Certification: Please check all that apply, then sign (as shown in Item #1) and date the application.

I certify that:

- 1) I am 18 years of age or older.
- 2) I am able to read and write the English language.
- 3) I am a resident of the State of Wyoming and of the County for which I am making an application.
- 4) I have not been convicted of a felony **or**
- 5) I have been convicted of a felony and my felony conviction has been:
 - Reversed or annulled;
 - Pardoned; or
 - All rights have been restored pursuant to W.S. 7-13-105(a).

I further certify that I understand the duties and responsibilities imposed on notaries public under Wyoming law and understand that breach of said responsibility may result in criminal penalties including imprisonment.

Signature of Applicant (**must match Item #1 above**)

Date

Filing Fee: \$30.00 (make checks payable to "Secretary of State")

Submit application and filing fee to:

Ed Murray
 Secretary of State
 Attn: Notary Officer
 2020 Carey Ave, Ste 700
 Cheyenne, WY 82002-0020
 Ph. 307.777.7370