



NOTARY PUBLIC COMMISSION APPLICATION

Florida Department of State
Notary Commissions (850) 245-6975

Mail Applications to: **TROY FAIN Insurance INC.**
P. O. Box 5077
Tallahassee, FL 32314-5077

This application and the information it contains, except social security number, are public record and may be disclosed to any person upon request.

Full Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (State) (County) (Zip)

Business Address: _____
(Street) (City) (State) (Zip)

Sex: M F Race: _____

Home Phone: (_____) _____ Business Phone: (_____) _____ Extension _____
(or write 'NONE') (or write 'NONE')

Florida Driver's License (or other State of Florida Issued ID) : _____ Date of Birth: ____/____/____
(Month/Day/Year)

- Are you a legal resident of Florida? Yes No (If **No**, you are not eligible to apply for a notary commission. Legal residency must be maintained throughout the appointment.)
- Are you a United States citizen? Yes No (If **No**, you must submit a recorded Declaration of Domicile. Obtain this document from your County Courthouse.)
- If you are a first time notary, you must complete a 3 hour education course and submit a signed certificate of completion pursuant to chapter 668.50(11), F.S.
- Have you held any professional licenses or commissions (other than Notary Public) in Florida during the past 10 years? Yes No (If **Yes**, please list) _____ Have they been revoked? Yes No (If **Yes**, you must submit a written statement about the nature of the action and any supporting documentation, such as a copy of the Final order from the regulating agency.)
- Have you been disciplined by a regulatory agency, including the Florida Bar, and including disciplinary action that is confidential? Yes No (If **Yes**, you must submit a written statement about the nature of the action and any supporting documentation, such as a copy of the Final Order from the regulating agency.)
- Have you been convicted of a felony, had adjudication of guilt withheld, or are you on probation? Yes No (If **Yes**, you must submit a written statement of the nature of the offense(s), a copy of the court judgement and sentencing order. If convicted, you must submit a Certification of Restoration of Civil Rights.)

AFFIDAVIT OF CHARACTER

STATE OF _____ County _____

I, _____ am unrelated to and have known _____ for one
(Print or Type Name of Affiant) (Name of Applicant)

year or more; and to the best of my knowledge and observation know (him)(her) to be of good character.

My address is _____
(Street) (City) (State) (Zip)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

Home Phone: (_____) _____ **X** _____
(or write 'NONE') (Signature of Affiant)

Work Phone: (_____) _____
(or write 'NONE')

OATH OF OFFICE

STATE OF FLORIDA County _____

I DO solemnly (swear)(affirm) that I will support, protect and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State of Florida; that I have read Chapter 117, Florida Statutes, and any amendments thereto, and know the duties, responsibilities, limitations, and powers of a notary public; and that I will honestly, diligently, and faithfully discharge the duties of Notary Public, State of Florida, on which I am now about to enter, (so help me God).

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND OATH AND THAT THE FACTS STATED THEREIN ARE TRUE. I accept the office of Notary Public, State of Florida.

X _____
(Signature of Applicant - This is the name in which your commission and notary seal will be issued)

(Print or Type Name - Must match signature) (Date)

Social Security Number: _____ - _____ - _____

ADDITIONAL INFORMATION

This Information is Required for Processing and Electronic Transmittal to the Department of State

Employment Status: Unemployed Retired Employed (If employed, please provide the business' name)

Business Name: _____

Mail To: Home Business Other Address: _____
(Street Address/P O Box)

(City)

(State)

(Zip)

Are you now or have you ever been commissioned a Notary Public in the State of Florida? Yes No

If **Yes**: _____ / _____ / _____ _____ _____
(Commission Expiration Date) (Commission Number) (Name in which your commission was issued)

Daytime Phone: (_____) _____ Email Address: _____
