FLORIDA NOTARY PUBLIC APPLICATION ORDER FORM Only for: STATE OF FLORIDA DOR; DJJ; CIRCUIT COURT (Please contact us if your Department is not listed)

Florida Notary Package B-DOR



Image not actual size

Rectangular Self-inking Stamp, clean and easy storage.

Package Price: \$39.00- Florida Notary Filing Fee (Includes Notary Certificate) \$20.00- 7500.00 Bond of Notary Public \$16.00- Self-Inking Rectangular Stamp, Window Decal, Notary Journal FREE- S/H \$12.00-Agency Fee

IMPORTANT!

Mailing Address:

1ST STATE INSURANCE

PO BOX 901475 HOMESTEAD, FL 33090-

1475

Overnight Street Address:

2804 NE 8TH ST- Ste 202

Homestead, FL 33033

786.243.9886

FloridaNotaryNow.com

Please use this checklist as a guide in order to ensure that your application will not be delayed due to incomplete or missing information. PLEASE DO NOT EMAIL, OR FAX YOUR APPLICATION! The State requires an *original* signature application, not a photocopy or digital copy.

NOTARY PUBLIC APPLICATION

1. All requested information <u>must</u> be provided. PLEASE DO NOT LEAVE ANY BLANKS! Make sure that if you do not type the information on the application that you have printed all information legibly.

2. Answer all questions and check off the appropriate answers. If you are not a U.S. Citizen, please include a Declaration of Domicile, which can be obtained and completed at your County Courthouse.

3. The "AFFIDAVIT OF CHARACTER" is to be completed and signed by someone unrelated to the applicant and who has known the applicant for more than one (1) year. Please be sure to include a contact number!

4. Sign the application at the bottom of the application entitled "OATH OF OFFICE" Section. You must sign your name exactly as you wish to notarize at the line marked "X", and then print your name on the adjoining line. Remember, the signature you use in this section will determine the name in which your certificate will be issued and exactly how you will notarize all documents once commissioned.

BOND OF NOTARY PUBLIC

This form requires that you only print your name on the line identified as "(Name of Applicant)", and that you sign your name at the line marked with an "X" and identified as "(Signature of Applicant"), exactly as you signed for your "Oath of Office" on the application. Do not date the bond form.

NEW APPLICANTS * IMPORTANT

Please remember to attach your *Signed* Certificate of Completion of the Online Notary Education Course. The State of Florida requires the completion date cannot be more than 12 months old- if it has been over 12 months, you must retake the Notary Education Course.

STATE EMPLOYEE CHECKLIST

- □ COMPLETED NOTARY PUBLIC APPLICATION
- □ Your social security number is required by Subsection 117.01(2), Florida Statutes. It May be used to facilitate a criminal background check.
- BOND OF NOTARY PUBLIC SIGNED (Not Dated)
- CERTIFICATE OF NOTARY EDUCATION COMPLETION (NEW APPLICANTS)
- DECLARATION OF DOMICILE (NON-CITIZENS)
- □ Your Notary Stamp and Certificate will be shipped to your BUSINESS ADDRESS ONLY
- Please provide an email address (In the event we need additional information) @

Please review your application prior to submitting. Missing information will delay your appointment. Thank you for your business!

Your Package	Price	\checkmark	Total	1		
Notary Package B- DOR	87.00					
Optional E&O 5,000	14.00			PLEASE CONTACT P-CARD HOLDER FOR OPTIONAL E&O INSURANCE		
YOUR TOTAL PURCHASE Standard Processing & Shipping time Approximately 3 weeks						
CONTACT INFORMATION FOR PAYMENT						

P-CARDHOLDER NAME:	NOT	NOTARY NAME:			
BILLING ADDRESS:		CITY:		ST:	ZIP:
EMAIL ADDRESS:		CONTACT TEL #:			
CC#:		EXP DATE:			
(We will contact you for payment upon ordering of the Notar AUTHORIZED CARDHOLDER SIGNATURE:	ry Stamp))	Da	te:	
X					

It wasn't the notary's fault but it cost him \$11,500 anyway

It was a routine transaction, and there was no way the notary could have known the signatures were forgeries. But they were. And, in the eyes of the court, the notary was at fault. This time the penalty was \$8,000 in damages, \$3,500 in court costs. Unfair? Sure. But for notaries public in a litigious society like ours, it's just part of the territory.

Fortunately, we've got the territory covered.

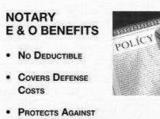
No one can say whether you'll ever be faced with a situation like the one just described. But, as a notary you are vulnerable. And, with major judgments against notaries now reaching tens of thousands of dollars, it's important to have someone in your corner should you find yourself faced with a lawsuit.

RLI requires no deductible...

That's exactly why we're here. We protect notaries ... beginning with the very first dollar in damages. In other words, we require no deductible. We pay every dollar of damages and legal costs right up to the policy limit – and that may mean up to \$30,000. So, should you ever be sued, you can relax – the chances are you'll never face an out-of-pocket expense.

No lengthy exclusions...

Equally reassuring, you'll find our policies are not watered down with lengthy exclusions. In fact, we pride ourselves on offering the most comprehensive coverage in the industry. Our job is to protect you in case of claim ... freeing you to do your job.



- ERRORS AND OMISSIONS
- EMPLOYERS COVERED UNDER BLANKET POLICY AT NO ADDITIONAL CHARGE
- Additional Notaries Covered Automatically Under Blanket Policy
- VARIOUS LIMITS OF INSURANCE AVAILABLE AT NOMINAL PREMIUMS

We pay defense costs...

Having this kind of protection is more important than ever before. Because lawsuits against notaries are becoming more common every day. Forged, incomplete, or otherwise defective signatures all can cast doubt on the validity or date of a document. And when that happens, someone is to blame. Too often these days, the blame is placed on you -the notary. Worse yet, even if the suit is not valid you may not be spared the need to protect yourself from prosecution. And, without coverage you'll have to pay these defense costs yourself.

MANA MANA

Make sure this doesn't happen to you. Your agent can get RLI's affordable coverage for you. Call today.

DON'T WAIT! PROTECT YOURSELF WITH NOTARY ERRORS & OMISSIONS INSURANCE FROM RLI, TODAY

CONTACT YOUR LOCAL RLI AGENT FOR MORE INFORMATION!

A TRANSPORT AND A TRANSPORT AND

1ST State Insurance & Notary Service Stoner Insurance Service 2804 NE 8 ST. Ste 202 Homestead, FL 33033 <u>service@stonerins.com</u> 786-243-9886 www.FLNotaryNow.com



NOTARY PUBLIC COMMISSION APPLICATION

(Name for which your commission was issued)

Florida Department of State Notary Commissions and Certifications Section (850) 245-6975 www.FloridaNotaryNow.com

PERSONAL INFORMATION

Full Name:						
(Last)	(First)			(Middle)		
Home Address:						
(Street)	(City)		(State)	(County)	(Zip)	
Place of Employment:				□ Unemployed	Retired	
Business Address:						
(Street)	(City)		(State)	(County)	(Zip)	
Mail to: Home Business Other Address:						
	(Street/P.C	,	(City)	(State)	(Zip)	
T will Address	Sex:	Male	Race:	Asian		
E-mail Address:(or write "NONE")		Female		 Black or African American Native American or Alaska Native 		
(□ White		
Home Phone:				Other:		
(or write "NONE")						
Business Phone:	Extensi	on:				
(or write "NONE")						
Florida Driver License (or other State of Florida Issued ID):				Date of Birth:	//	
Social Security Number:					(Month/Day/Year)	
The disclosure of a Florida notary public applicant's social security nun commission applications. Please be advised that social security numbers disclosure pursuant to Fla. Stat. §119.071(5)(a)5.						
 Are you a legal resident of Florida? Yes No (If N maintained throughout the appointment.) 	Jo, you are not	eligible to apply for	· a Florida nota	ry public commission.	Legal residency must b	
 Are you a United States citizen?	you must submi	it a recorded Declar	ation of Domic	eile. Obtain this docum	ent from your county	

3. Are you now or have you ever been commissioned a Notary Public in the State of Florida? 🗆 Yes 🗅 No (If No, you, must complete a 3 hour Notary education course and submit a signed certificate of completion. Fla. Stat. §668.50 (11)(b).)

(Commission expiration date)	(Commission number)

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 any been revoked? □ Yes □ No (If Yes, you must submit a written statement about the nature of the action and a copy of the final order from the

Have any been revoked? If Yes, you must submit a written statement about the nature of the action and a copy of the final order from the regulating agency.)

- 5. Have you been disciplined by a regulatory agency, including the Florida Bar, and including disciplinary action that is confidential? \Box Yes \Box 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.)
- 6. Have you been convicted of a felony or have you had an adjudication of guilt withheld for a felony offense? \Box Yes \Box No (If Yes, you must submit a written statement of the nature of the offense(s), a copy of the court judgment and sentencing order. If convicted, you must submit a certificate of Restoration of Civil Rights.)
- 7. Are you currently on probation? \Box Yes \Box No

If Ves

3.

AFFIDAVIT OF CHARACTER

STATE OF						COUNTY
I, for one year or more; an	(Print or Type Name of Affiant) nd to the best of my knowled			have known be of good character.	(Name of Applican	t)
My address is	(Street)		(City)	(State)	(County)	(Zip)
UNDER PENALTY O ARE TRUE.	F PERJURY, I DECLARE T	HAT I HAVE READ	THE FOREGOI	NG AFFIDAVIT AND	THAT THE FAC	TS STATED IN IT
Home Phone: ()_	(or write "NONE")	Work Phone: ()(or write "NONE")	X	(Signature of Affia	ant)

L	OATH OF OFFICE		
STATE OF FLORIDA			COUNTY
I do solemnly swear (or affirm) that I will support, protect, and de that I am duly qualified to hold office under the Constitution of th know the duties, responsibilities, limitations, and powers of a not Florida, on which I am now about to enter. So help me God.* UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE STATED THEREIN ARE TRUE. I accept the Office of Notary F	ne state; that I have read Chapter ary public; and that I will well ar E READ THE FOREGOING AF	117, Flori nd faithfull	da Statutes, and any amendments thereto, and ly perform the duties of Notary Public, State of
(Official Signature of Applicant) (Print or Type Name – Name for which your commission will be issued)	//(Date)	*Note:	If you affirm, you may omit the words "So help me God." Fla. Stat. §92.52.

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS, WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO SOCIAL SECURITY NUMBERS, PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR FLORIDA NOTARY PUBLIC COMMISSION APPLICATION SUBMISSION, PLEASE CHECK THE FOLLOWING BOX:

Yes, I assert that identifying information provided in this application (other than my social security number, which I am aware is automatically exempt from public disclosure, pursuant to Fla. Stat. §119.071(5)(a)5) should be excluded from inspection under Public Records Law.

If Yes, please indicate what section of Florida Statutes provides this exemption in your particular situation:

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL:

Office of the Attorney General The Capitol, PL-01 Tallahassee, FL 32399 (850) 245-0158

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STATE OF FLORIDA BOND OF NOTARY PUBLIC

Secretary of State

Notary Commissions

FOR OFFICE USE ONLY Approved by Department of State:

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS, That we,

(Name of Applicant)		as Principal, and
RLI INSURANCE COMPANY	(309)	692-1000
(Imprint Name of Surety Company)		(Telephone Number)

as Surety Company, give bond payable to any individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as Notary Public, in the amount of Seven Thousand, Five Hundred Dollars (\$7,500) as assurance for the due discharge of the duties of his/her office of Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally.

Applicant was, on the date of issuance of commission, bonded as a Notary Public in and for the State of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of Notary Public, as prescribed by law, then this obligation shall be void.

	X		SIGN HERE
		(Signature of Applicant)	
Signed and sealed this	day of	20	
		RLI INSURANCE COMPANY	
		(Name of Surety Company)	
		9025 N. LINDBERGH DR. PEORIA IL 61615	
ANNIN MARKEN AND AND AND AND AND AND AND AND AND AN		(Address of Surety Company)	
MURANCE COM		1ST STATE INSURANCE	
APORA, OF		(Name of Bonding Agency or Company)	
		PO BOX 901475 HOMESTEAD, FL 33090	
		(Address of Bonding Agency or Company)	
ORPORDA ORPORDA SEAL SEAL	ву Х		
The ALLINOIS MININ	-	(Signature of Florida Licensed Agent)	
and the second s		A255671	
		(Florida Licensed Agent Number)	
		CHARLES K STONER	
		(Printed name of Florida Licensed Agent)	

Section 817.234(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

This bond shall be for Seven Thousand, Five Hundred Dollars (\$7,500).After execution by surety company, the bond must be submitted to the Department of State for approval and filingDS/DE 76 (3/04)before issuance of the notary public commission.