



State of Missouri
Robin Carnahan, Secretary of State

Commissions
PO Box 784, Jefferson City, MO 65102
Toll-Free (866) 223-6535 or (573) 751-2783

Application for Commission as a Notary Public

(Application fee \$25)

Print or Type

1. Name _____ Date of Birth (MM/DD/YYYY) _____
(This name must appear as it is signed in #12)

2. Home Address _____

City _____ State _____ Zip Code _____

County of Residence (St. Louis City Residents please specify St. Louis City) _____

Daytime Phone Number _____

3. Employer/Name of Business _____

Street _____

City _____ State _____ Zip Code _____

Previous Commission Expiration Date for Missouri (if any) _____

Previous Name (if your name has changed) _____

Previous Address (if your address has changed) _____

Check YES or NO for the following questions:

- 4. Are you at least eighteen years of age? [] YES [] NO
5. Are you a registered voter of the county for which you have applied to be commissioned or a permanent resident alien? (Section 245, Immigration and Nationality Act, Attach a copy of your green card) [] YES [] NO
6. Do you live in the county within and for which you have requested to be commissioned? [] YES [] NO
7. Are you able to read and write the English language [] YES [] NO
8. Have you been refused a commission as a notary public or had a commission revoked? (If yes, attach a separate letter indicating reason and date.) [] YES [] NO
9. Have you been convicted of or pled guilty or nolo contendere to a felony or to any misdemeanor incompatible with the duties of a notary public? (If yes, attach a list of such convictions or pleas of guilty or nolo contendere.) [] YES [] NO
10. Have you read the Missouri Notary Public Handbook and know the laws and duties of a Notary Public? [] YES [] NO
11. Have you completed a state-approved notary training? (Attach your certificate of completion or written notary training.) [] YES [] NO

12. NOTARIAL OATH
STATE OF MISSOURI

I, the person named above, do swear or affirm, under penalty of perjury, that the answers to all questions on this application are true and complete to the best of my knowledge and that I am qualified to be appointed and commissioned as a Missouri notary public.

Signature and Email Address of Applicant (This signature must appear as it is typed or written in #1) (Please include your certificate of state-approved notary training.)

PAYMENT

\$25 Check or Money Order Enclosed (Payable to Director of Revenue)

Credit Card: Master Card Visa Discover American Express

NAME AS IT APPEARS ON CREDIT CARD _____

EXPIRATION DATE _____ CARD NUMBER (16 Digits) _____

SIGNATURE _____

Application Instructions

1. **Name** - You should print or type your name as you want it to appear on your commission certificate. You are required by law to use your full last name, while initials may be used for first and middle names.

Date of Birth - Please provide your birth date in numerals: month/day/year. This is to confirm that applicants are at least eighteen years of age.

2. **Residence Address** - Please provide the address at which you reside. **If your mail goes to a post office box, please include a street address after the PO Box number.** Also give the city, state and zip code.

County of Residence - Please indicate the county in which you legally reside and are registered to vote, even if you work in a different county. You are commissioned for the county in which you live, but you are able to notarize anywhere in the state of Missouri. *If you reside in St. Louis City, please put St. Louis City in the county blank.

Daytime Phone - You are requested to provide a phone number where we can reach you BETWEEN THE HOURS OF 8:00 a.m. and 5:00 p.m., should we need to verify information given on the application in order to prevent the delay of returning the form to you for verification.

Employer - Your employer's name is requested should we need to contact you during working hours. If unemployed, please enter "N/A" or enter "Self-employed" if you own your own business.

Previous Commission Expiration Date for Missouri

Previous Name if your name has changed since your last commission

Previous Address if your address has changed since your last commission

4-11. **Yes or No** - Please READ CAREFULLY AND ANSWER CORRECTLY the eight questions listed on this portion of the application.

12. Complete the form by adding your signature in the same name style you indicated in #1 on the application.

Please include your \$25 application fee. (Sections 486.225.2 and 28.160.3 RSMo.)

Please include your certificate of state-approved notary training or written notary training.