



State of Missouri

Denny Hoskins, Secretary of State

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

Application for Amended Commission as a Notary Public (Non-Resident Notaries)

(Application fee \$5, Please select all that apply)

Print or Type

Change of Residential Address

1. Name _____ 2. Date of Birth (MM/DD/YYYY) _____
(As currently commissioned)

3. Current Home Address _____

City _____ State _____ Zip Code _____

4. New Address _____

City _____ State _____ Zip Code _____

5. Daytime Phone Number _____ 6. Commission Number _____

Change of Employer (Same County)

1. Name _____ 2. Date of Birth (MM/DD/YYYY) _____
(As currently commissioned)

3. Previous Employer _____

4. Address _____

City _____ State _____ Zip Code _____

5. New Employer _____

6. Address _____

City _____ State _____ Zip Code _____

7. Daytime Phone Number _____ 8. Commission Number _____

Change of Employer (Different County)

1. Name _____ 2. Date of Birth (MM/DD/YYYY) _____
(As currently commissioned)

3. Previous Employer _____

4. Address _____

City _____ State _____ Zip Code _____

5. New Employer _____

6. Address _____

City _____ State _____ Zip Code _____

7. Daytime Phone Number _____ 8. Commission Number _____

9. CHANGE IN EMPLOYER COUNTY

I hereby request the Secretary of State to issue an amended notary public commission changing my county of employment from

_____ County, Missouri, to _____ County, Missouri,

where I am presently employed, effective on the _____ day of _____

Change of Name

1. Name _____ 2. Date of Birth (MM/DD/YYYY) _____
(New Name—This name must appear as it is signed below)

3. Daytime Phone Number _____ 4. Commission Number _____

I hereby request the Secretary of State to issue an amended notary public commission from the name style

_____ to _____
(Name as currently Commissioned) (Type new name here)

effective on the _____ day of _____

Signature and Email Address of Applicant (If completing name change - The signature must appear as the new name listed above)

PAYMENT

Check or Money Order Enclosed (Payable to Secretary of State's Office) *Credit Card: Master Card Visa Discover American Express

*(\$1.25 convenience fee will apply)

NAME AS IT APPEARS ON CREDIT CARD _____

EXPIRATION DATE _____ CARD NUMBER (16 Digits) _____

CVV — SECURITY CODE FROM BACK OF CARD _____

BILLING ADDRESS FOR CARD WITH CORRECT ZIP CODE _____

SIGNATURE _____