



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

Non-Resident 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 #18)
2. Home Address _____
City _____ State _____ Zip Code _____
3. County of Employment (St. Louis City Residents, please specify St. Louis City) _____
4. Daytime Phone Number _____ Email Address _____
5. Employer/Name of Business _____
Street _____
City _____ State _____ Zip Code _____
6. Missouri Commission Number (if reapplying) _____
7. Previous Commission Expiration Date (if any) _____
8. Previous Name (if your name has changed) _____

Check YES or NO for the following questions:

- | | | |
|--|------------------------------|-----------------------------|
| 9. Are you at least eighteen years of age? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Are you able to read and write the English Language? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Do you reside legally in the United States? (<i>Sec. 245, Immigration and Nationality Act, requires that you attach a copy of your green card</i>) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Do you work in the county within and for which you have requested to be commissioned and will use the notary commission in the course of your employment in Missouri? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. In the last five years have you been denied, revoked, suspended, restricted or resigned a notarial commission, professional license, or public office in this or any other state or nation? (<i>If yes, attach a separate letter indicating reason and date.</i>) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 14. In the last five years have you ever been convicted of or pled guilty or nolo contendere to any felony or any offense involving dishonesty or moral turpitude in this or any other state or nation? 486.605.4(2) RSMo. (<i>If yes, attach a list and supporting documentation of such convictions or pleas of guilt or nolo contendere.</i>) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 15. Do you have any claims pending or disposed against your notary bond held or any civil findings or admissions of fault or liability regarding your activities as a notary in this or any other state or nation? (<i>If yes, attach a list and supporting documentation on such.</i>) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 16. Have you read the Missouri Notary Public Handbook and know the laws and duties of a Notary Public? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 17. Have you completed a state-approved notary training? (<i>Attach your certificate of completion or your completed written notary training form.</i>) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 18. Declaration of Applicant
STATE OF MISSOURI | | |

I, _____ (name of applicant), do solemnly swear or affirm under penalty of perjury that the personal information in this application is true, complete, and correct; that I understand the official duties and responsibilities of a Notary Public in Missouri, as explained in the notary public handbook; and that I will perform, to the best of my ability, all notarial acts in accordance with the law. I authorize the Secretary of State as my agent and representative to accept service of process of service of any notice or demand required by law to be served me.

X

Signature of Applicant (Signature MUST appear as it is typed or written in #1 above)

PAYMENT

☐ \$25 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 _____

Instructions

1. **Name** – 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 18 years of age.
2. **Home 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.
3. **County of Employment** – Please indicate the county where you are employed. If you work in St. Louis City, please enter St. Louis City.
4. **Daytime Phone Number** – 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.
5. **Employer/Name of Business** – 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.
6. **Missouri Commission Number** – If reapplying, please provide your Missouri commission number.
7. **Previous Commission Expiration Date** – Please provide if reapplying.
8. **Previous Name** – If your name has changed since your last commission, please provide your previous name.
- 9-17. **Yes or No** – Please READ CAREFULLY AND ANSWER CORRECTLY the 12 questions listed on this portion of the application.
18. **Notarial Oath** – Complete the form by signing your name in the same name style you indicated in #1 on the application affirming that the information provided is true and complete.

REQUIRED ENCLOSURES:

\$25 application fee as required under Sections 486.630 and 28.160.3
RSMo

Certificate of state approved notary training or completed written notary
training form.

**FORM MUST BE SIGNED UNDER
OATH ON FRONT PAGE**