



State of Missouri
John R. Ashcroft, 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 #18)
2. Home Address
City State Zip Code
3. County of Residence (St. Louis City Residents, please specify St. Louis City)
4. Daytime Phone Number E-mail 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? YES NO
10. Are you a registered voter of the county for which you have applied to be commissioned or a permanent resident alien? YES NO
11. Do you live in the county within and for which you have requested to be commissioned? YES NO
12. Are you able to read and write the English language? YES NO
13. Have you been refused a commission as a notary public or had a commission revoked? YES NO
14. Have you ever been convicted of or pled guilty or nolo contendere to any felony? YES NO
15. Have you ever been convicted of or pled guilty or nolo contendere to any misdemeanor incompatible with the duties of a notary public? YES NO
16. Have you read the Missouri Notary Public Handbook and know the laws and duties of a Notary Public? YES NO
17. Have you completed a state-approved notary training? YES NO

18. 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.

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 Director of Revenue)

\*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) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Application 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 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.
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.  
  
**E-mail Address** - Please provide your e-mail address.
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 nine 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 486.225.2 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**