ND NOTARY APPLICATION

NEW / RENEWAL WO Number: **FILING FEE: \$36.00** Filed: By: 1. Please type or print the information required on this form and sign it before a notary public. **Expiration Date:** 2. State law requires all applicants to complete a notary application such as this one. After the

ID Number:

Secretary of State receives it and the necessary fee, you will then receive from the Secretary of State a certificate which authorizes a notary seal vendor to provide you with an official notary seal, if needed. Once an impression of your seal is affixed to the certificate, the certificate must be returned to the Office of the Secretary of State. Once this is approved and filed, an official notary commission will be issued to you.

·	, , , , , ,	your official notary commission from will be necessary for you to comple		·
1. Prefix 2. Applicant's Name (REVIEW INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING) Mr. Ms.			3. Social Security Number (optional)	
4. Home Mailing Address		City	State	ZIP Code
5. Work Mailing Address		City	State	ZIP Code
6. Home Telephone Number	7. Work Telephone Number	8. Email Address (optional)		
9. Spouse's Complete Name (if applicable)		10. If not a North Dakota resident, list the County and State of Residence and the North Dakota City where the applicant works (if applicable)		
11. Type of Application	I of Commission	12. Previous Expiration Date (if applicable)		
Has any occupation cancelled, or term Have you ever been traffic violations, in	onal license held by you in any st inated; or have you been subject en convicted of or entered a guilt in any city, state or federal court? en a defendant in any lawsuit inviduciary duty or breach of contract		ensured, in any sta y, misdem ation, coe	suspended, revoked, ate (including North Dakota)? neanor or infraction) <u>other than</u>
States, a North Dakota resident, extends reciprocity to a notary p the state of North Dakota for a p I do solemnly swear (or affirm) the state of North Dakota for a p I do solemnly swear (or affirm) the state of North Dakota for a p	(in presence of ally sworn, hereby state that I am of am employed in North Dakota of ublic who resides in a bordering deriod of six years. That I will support the Constitution	CATIONS AND OATH OF OFFIC a commissioned notary) over the age of eighteen, a citizen of the accounty that borders Not county of this state, and I desire to be of the United States, and the Constalic according to the best of my ability	r permane th Dakota become a itution of t	a and which is in a state that commissioned notary public in the state of North Dakota and
14. Signature (sign exactly as provided in box 2 above - this will be the manner in which you will sign your name when performing notarial acts)			ATTEN	ITION: MUST BE SIGNED IN PRESENCE OF A NOTARY!
State	County			
Signed and sworn to (or affirmed) before me on	Date	Notary Stamp		

Signature of Notary Public or Other Authorized Officer Commission Expiration Date (if not listed on stamp)