



**NOTARY PUBLIC COMMISSION APPLICATION**  
 Florida Department of State  
 Notary Commissions and Certifications Section (850) 245-6975

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (County) (Zip)

Place of Employment: \_\_\_\_\_  Unemployed  Retired

Business Address: \_\_\_\_\_  
(Street) (City) (State) (County) (Zip)

Mail to:  Home  Business  Other Address: \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip)

E-mail Address: \_\_\_\_\_  
(or write "NONE")

Sex:  Male  Female      Race:  Asian  
 Black or African American  
 Native American or Alaska Native  
 White  
 Other: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
(or write "NONE")

Business Phone: \_\_\_\_\_ Extension: \_\_\_\_\_  
(or write "NONE")

Florida Driver License (or other State of Florida Issued ID): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

Social Security Number \_\_\_\_\_

The disclosure of a Florida notary public applicant's social security number is expressly required by Fla. Stat. §117.01(2) and is imperative for processing notary public commission applications. Please be advised that social security numbers are only used for processing the notary public commission application and are exempt from disclosure pursuant to Fla. Stat. §119.071(5)(a)5.

1. Are you a legal resident of Florida?  Yes  No (If No, you are not eligible to apply for a Florida notary public commission. Legal residency must be maintained throughout the appointment.)
2. Are you a United States citizen?  Yes  No (If No, you must submit a recorded Declaration of Domicile. Obtain this document from your county courthouse.)
3. Are you a wartime veteran with a disability rating of 50 percent or more?  Yes  No (If yes, you must submit a written request for the fee reduction and provide proof of exemption.)
4. Are you now or have you ever been commissioned a Notary Public in the State of Florida?  Yes  No (If No, you, must complete a 3 hour Notary education course and submit a signed certificate of completion. Fla. Stat. §668.50(11)(b).)

If Yes: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Commission expiration date) (Commission number) (Name for which your commission was issued)

5. Have you held any professional licenses or commissions (other than Notary Public) in Florida during the past 10 years?  Yes  No  
 If Yes, please list:  
 Have any been revoked?  Yes  No (If Yes, you must submit a written statement about the nature of the action and a copy of the final order from the regulating agency.)
6. Have you been disciplined by a regulatory agency, including the Florida Bar, and including disciplinary action that is confidential?  Yes  No (If Yes, you must submit a written statement about the nature of the action and any supporting documentation, such as a copy of the final order from the regulating agency.)
7. Have you been convicted of a felony or have you had an adjudication of guilt withheld for a felony offense?  Yes  No (If Yes, you must submit a written statement of the nature of the offense(s), a copy of the court judgment and sentencing order. If convicted, you must submit a certificate of Restoration of Civil Rights.)
8. Are you currently on probation?  Yes  No

**AFFIDAVIT OF CHARACTER**

STATE OF \_\_\_\_\_ COUNTY

I, \_\_\_\_\_ am unrelated to and have known \_\_\_\_\_  
(Print or Type Name of Affiant) (Name of Applicant)  
 for one year or more; and to the best of my knowledge and observation know him or her to be of good character.

My address is \_\_\_\_\_  
(Street) (City) (State) (County) (Zip)

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ **X** \_\_\_\_\_  
(or write "NONE") (or write "NONE") (Signature of Affiant)

**OATH OF OFFICE**

STATE OF FLORIDA

\_\_\_\_\_ COUNTY

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the state; that I have read Chapter 117, Florida Statutes, and any amendments thereto, and know the duties, responsibilities, limitations, and powers of a notary public; and that I will well and faithfully perform the duties of Notary Public, State of Florida, on which I am now about to enter. So help me God\*

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND OATH, AND THAT THE FACTS STATED THEREIN ARE TRUE. I accept the Office of Notary Public, State of Florida.

X \_\_\_\_\_  
(Official Signature of Applicant)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

\*Note: If you affirm, you may omit the words "So help me God." Fla. Stat. §92.52.

\_\_\_\_\_  
(Print or Type Name – Name for which your commission will be issued) Must use legal first name, no initial.  
Acceptable options: Jonathan David Doe, Jon D. Doe, Jonathan Doe, Jonathan D. Doe

**MEMORANDUM**

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS, WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO SOCIAL SECURITY NUMBERS, PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR FLORIDA NOTARY PUBLIC COMMISSION APPLICATION SUBMISSION, PLEASE CHECK THE FOLLOWING BOX:

- Yes, I assert that identifying information provided in this application (other than my social security number, which I am aware is automatically exempt from public disclosure, pursuant to Fla. Stat. §119.071 should be excluded from inspection under Public Records Law.

If Yes, please indicate which section of Florida Statutes provides this exemption from the Public Records Exemption Guide attached:

\_\_\_\_\_  
<https://dos.myflorida.com/media/695951/dos119.pdf>

\*The attached DOS Public Records Exemption Request form is to act a guide to assist applicants and does not have to be submitted if the "Yes" box is not checked.

**PUBLIC RECORDS EXEMPTION REQUEST**  
**to the FLORIDA DEPARTMENT OF STATE**

Florida law allows eligible persons and their employing agencies to request in writing that a non-employing agency maintain as exempt from public disclosure certain identification and/or location information contained in records within the agency's custody. **If an employing agency is requesting for the employee**, add agency name, and requester's name and title, to the signature line.

**NOTE:** The officer, employee, justice, judge, other person entitled to the exemption, or employing agency of the designated employee, **must** submit this written request **directly** to a custodial agency in order for the agency to maintain the exemption for the records in its custody. For records in the custody of the Department of State, please return this completed form or a written request directly to: *Department of State, Attn: Public Records Officer, R.A. Gray Building, Ste. 100, 500 S. Bronough St., Tallahassee, FL 32399*. To have an exemption maintained in the records in the custody of any other agency, please contact that agency directly for information on how to make a written request.

**If your spouse and/or children are subject to your exemption** (not applicable for victim\* of battery, abuse, harassment, or stalking or for participant\* in address confidentiality program), please check here  and attach a page with the name, date of birth, and relationship of each to assist in identifying each person in any public records within the custody of the agency.

**To facilitate processing your request** for any of records in the custody of the Division of Corporations, please complete the Addendum for Exemption of Public Disclosure on the next page. *If not applicable*, check here .

**I hereby request exemption maintenance by your agency based on the following category/categories for which I qualify:**

- |   |   |
|---|---|
| <input type="checkbox"/> Code Enforcement Officer.  | <input type="checkbox"/> County Tax Collector. †  |
| <input type="checkbox"/> Dept. of Business and Prof. Reg. investigators and inspectors. †   | <input type="checkbox"/> Inspector general or internal audit dept. personnel whose duties include auditing/investigating waste, fraud, abuse, theft, exploitation, or activities that could lead to criminal prosecution or admin. discipline. †  |
| <input type="checkbox"/> Dept. of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities.  | <input type="checkbox"/> Judicial or quasi-judicial officer (general/special magistrate, judge of compensation claims, administrative law judge of the Div. of Admin. Hearings, and child support enforcement hearing officer). †   |
| <input type="checkbox"/> Dept. of Health personnel whose duties support the investigations of child abuse or neglect.   | <input type="checkbox"/> Juvenile probation officers, juvenile probation supervisors, detention superintendents, assistant detention superintendents, juvenile justice detention officers I/II, juvenile justice detention officer supervisors, juvenile justice residential officers, juvenile justice residential officer supervisors I II, juvenile justice counselors, juvenile justice counselor supervisors, human services counselor administrators, senior human services counselor administrators, rehabilitation therapists, and social services counselors of the Dept. of Juvenile Justice. |
| <input type="checkbox"/> Dept. of Health personnel whose duties include, or result in, the determination/adjudication of eligibility for social security disability benefits, investigation/ prosecution of complaints filed against health care practitioners, or inspection of health care practitioners or health care facilities licensed by the Dept. of Health. † | <input type="checkbox"/> Law enforcement personnel, including civilian personnel, correctional officers and correctional probation officers.  |
| <input type="checkbox"/> Dept. of Financial Services personnel whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations.   | <input type="checkbox"/> Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor).   |
| <input type="checkbox"/> Dept. of Revenue personnel or local government personnel whose duties include revenue collection and enforcement or child support enforcement.   | <input type="checkbox"/> Public defenders and criminal conflict and civil regional counsel (includes assistant public defenders, assistant criminal conflict and assistant civil regional counsel).   |
| <input type="checkbox"/> Emergency medical technicians or paramedics certified under chapter 401, F.S. †  | <input type="checkbox"/> Member of U.S. Armed Forces, reserve component of U.S. Armed Forces, or National Guard who served after 9/11/2001. †   |
| <input type="checkbox"/> Firefighter certified in compliance with s. 633.408, F.S.  | <input type="checkbox"/> U.S. Attorney or Assistant U.S. Attorney, U.S. circuit judge, U.S. district judge, or U.S. magistrate judge. †   |
| <input type="checkbox"/> Guardian ad litem as defined in s. 39.820, F.S. †  | <input type="checkbox"/> <b>Victim* of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence—Please attach official verification that crime occurred—Exemption for 5 years from date of this request.</b>   |
| <input type="checkbox"/> Human resource, labor relations, or employee relations director; assistant director, manager, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties.                                | <input type="checkbox"/> <b>Certified Participant* in Address Confidentiality Program under s. 741.403, F.S.—Exemption applies only to participant's name, address, and telephone number in voter registration and voting records—Please attach copy of certification or renewal.</b>   |
| <input type="checkbox"/> Impaired practitioner consultant, retained by an agency, whose duties result in determination of person's skill and safety to practice licensed profession (includes consultant's employees). †  |   |
| <input type="checkbox"/> Justice of Florida Supreme Court; or judge of district court of appeal, circuit court, or county court.  |   |

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Signature (and Title, if app.) of Requester:† \_\_\_\_\_ Date: \_\_\_\_\_

† **If specially indicated category selected**, person also certifies, by signature herein, that he or she has made reasonable efforts to protect information from being publicly accessible through other means available to the public.

**ADDENDUM FOR EXEMPTION OF PUBLIC DISCLOSURE  
ONLY FOR DIVISION OF CORPORATIONS RECORDS**

Before the Florida Department of State, Division of Corporations can act on your request; it needs the following additional information from you:

1. Complete home address that is to be redacted:

\_\_\_\_\_

2. Are you now or have you ever been listed on the Division of Corporations' records as:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. an officer or director of a corporation?                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. a managing member or manager of a limited liability company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. a general partner in a limited partnership?                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. an owner of a fictitious name?                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. a partner in a general partnership?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. a notary?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. an owner of a trademark registration                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

3. Have you ever had a judgment lien filed against you that would have been filed in this office after October 1, 2001 Yes  No

If you answered "Yes" to one or more of the questions, we ask you provide the name of the entity, registration or filing and an alternate address that can replace the one we currently have in our records. We cannot have a record with a missing address.

Name/Names of entity or registration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alternate address to replace the one current on our records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this addendum with the **Public Records Exemption Request** form.  
For question concerning this addendum, call 850.245.6536.

# STATE OF FLORIDA BOND OF NOTARY PUBLIC

Secretary of State  
Notary Commissions

<p><b><u>FOR OFFICE USE ONLY</u></b> Approved by Department of State:</p>
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STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS, That we,

\_\_\_\_\_ as Principal, and  
(Name of Applicant)

\_\_\_\_\_ ( \_\_\_\_\_ )  
(Imprint Name of Surety Company) (Telephone Number)

as Surety Company, give bond payable to any individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as Notary Public, in the amount of Seven Thousand, Five Hundred Dollars (\$7,500) as assurance for the due discharge of the duties of his/her office of Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally.

Applicant was, on the date of issuance of commission, bonded as a Notary Public in and for the State of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of Notary Public, as prescribed by law, then this obligation shall be void.

X  
\_\_\_\_\_  
(Signature of Applicant)

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Name of Surety Company)

\_\_\_\_\_  
(Address of Surety Company)

\_\_\_\_\_  
(Name of Bonding Agency or Company)

\_\_\_\_\_  
(Address of Bonding Agency or Company)

(Affix Surety Seal)

By X  
\_\_\_\_\_  
(Signature of Florida Licensed Agent)

\_\_\_\_\_  
(Florida Licensed Agent Number)

\_\_\_\_\_  
(Printed name of Florida Licensed Agent)

**Section 817.234(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."**

**This bond shall be for Seven Thousand, Five Hundred Dollars (\$7,500).  
After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the notary public commission.**  
DS/DE 76 (3/04)