



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

This application and the information it contains, except social security numbers, are public record and may be disclosed to any person upon request.

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")

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

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

Florida Driver's 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 application and are exempt from disclosure pursuant to Fla. Stat. §119.071(5)(a)5.

- Are you a legal resident of Florida?  Yes  No (If No, you are not eligible to apply for a notary commission. Legal residency must be maintained throughout the appointment.)
- 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.)
- 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)

- 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 Have any been revoked?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.)
- 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.)
- Have you been convicted of a felony, had an adjudication of guilt withheld for a felony offense, or are you currently on probation?  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.)

**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 in which your commission will be issued)