



State of Missouri
Robin Carnahan, 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 (This name must appear as it is signed in #15) Date of Birth (MM/DD/YYYY)

2. Home Address

City State Zip Code

Daytime Phone Number

3. Employer/Name of Business

Street

City State Zip Code

County of Employment (St. Louis City Employers please specify St. Louis City)

Present Commission Expiration Date (if currently a notary)

Previous Name (if your name has changed)

Previous Address (if your address has changed)

Check YES or NO for the following questions:

- 4. Are you a permanent resident alien? (Sec. 245, Immigration and Nationality Act, Attach a copy of your green card)
5. Are you at least eighteen years of age?
6. Do you work in Missouri?
7. Will you use the notary seal in the course of your employment in Missouri?
8. Do you have a work address in the county within and for which you have applied for a commission?
9. Can you read and write the English language?
10. Have you been refused a commission as a notary public or had a commission revoked? (If yes, attach a separate letter indicating reason and date.)
11. Have you been convicted of or pled guilty or nolo contendere to a felony or to any misdemeanor incompatible with the duties of a notary public? (If yes, attach a list of such convictions or pleas of guilty or nolo contendere)
12. Do you authorize the Secretary of State as your agent and representative to accept service of process of service of any notice or demand required by law to be served upon you?
13. Have you read the Missouri Notary Public Handbook and become familiar with the laws and duties of a Notary Public?
14. Have you completed a state-approved notary training? (Attach your certificate of completion.)

15. **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.

Signature of Applicant (This signature must appear as it is typed or written in #1) (Please include your certificate of state-approved notary training.)

PAYMENT	
<input type="checkbox"/> \$25 Check or Money Order Enclosed (Payable to Director of Revenue)	Credit Card: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express
NAME AS IT APPEARS ON CREDIT CARD _____	
EXPIRATION DATE _____	CARD NUMBER (16 Digits) _____
SIGNATURE _____	

Instructions

Must be submitted no more than 30 days prior to the current commission expiration date for an active notary

1. **Name** - You should 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 eighteen years of age.

2. **Residence 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.

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.

Daytime Phone - 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 in order to prevent the delay of returning the form to you for verification.

Employer - 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.

Present Commission Expiration Date

Previous Name if your name has changed

Previous Address if your address has changed

4-14. **Yes or No** - Please READ CAREFULLY AND ANSWER CORRECTLY the eight questions listed on this portion of the application.

15. Complete the form by adding your signature in the same name style you indicated in # 1 on the application. We can only accept original signatures - photocopied signatures will be rejected.

Please include your \$25 application fee.

Please include your certificate of state-approved notary training.