COMPLETE, PRINT, SIGN IN THE PRESENCE OF A NOTARY AND MAIL (If paying with credit card, complete Credit Card Payment Authorization)

NOTARY APPLICATION

SECRETARY OF STATE

SFN 11001 (06-2015)

FILING FEE: $36.00

For Office Use Only

ID Number:	
WO Number:	
Filed:	By:
Expiration Date:	

Secretary of State
State of North Dakota
600 E Boulevard Avenue Dept 108
Bismarck ND 58505-0500
Telephone: 701-328-2901
Toll Free: 800-352-0867 Ext 328-2901
Website: sos.nd.gov

For reference, see North Dakota Century Code, Chapter 44-06.1.

SEE INSTRUCTIONS FOR FEE, FILING AND MAILING INFORMATION

1. Prefix ☐ Mr. ☐ Ms.	2. Applicant's Name **(REVIEW INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING)**	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 ☐ New Commission ☐ Renewal of Commission		12. Previous Expiration Date (if applicable)	

13. **ALL** applicants must answer the following questions. If YES, attach a written explanation and ALL legal documentation, if applicable.

YES	NO	
☐	☐	Have you ever been the subject of any inquiry or investigation by any agency of the state of North Dakota?
☐	☐	Has any occupational license held by you in any state (including North Dakota) been censured, suspended, revoked, cancelled, or terminated; or have you been subject to any type of administrative action in any state (including North Dakota)?
☐	☐	Have you ever been convicted of or entered a guilty plea to any criminal offense (felony, misdemeanor or infraction) other than traffic violations, in any city, state or federal court?
☐	☐	Have you ever been a defendant in any lawsuit involving claims of fraud, misrepresentation, coercion, mismanagement of funds, breach of fiduciary duty or breach of contract?

AFFIDAVIT OF QUALIFICATIONS AND OATH OF OFFICE
(in presence of a commissioned notary)

I, the undersigned, being first duly sworn, hereby state that I am over the age of eighteen, a citizen or permanent resident of the United States, a North Dakota resident, am employed in North Dakota or reside in a county that borders North Dakota and which is in a state that extends reciprocity to a notary public who resides in a bordering county of this state, and I desire to become a commissioned notary public in the state of North Dakota for a period of six years.

I do solemnly swear (or affirm) that I will support the Constitution of the United States, and the Constitution of the state of North Dakota and that I will faithfully discharge the duties of the office of notary public according to the best of my ability, so help me God or under pains and penalties of perjury.

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)	**ATTENTION: MUST BE SIGNED IN THE 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)		

NOTARY APPLICATION INSTRUCTIONS

For reference, see North Dakota Century Code, Chapter 44-06.1.

A commissioned notary public, **not the applicant**, must notarize the applicant's signature.

BOND: A six-year notary surety bond in the amount of $7,500.00 must be submitted with the application.

After the receipt of the filing fee, application and surety bond, the applicant will be issued a Certificate of Authorization to purchase a notary stamping device from a vendor of the applicant's choice. The applicant must then affix an impression of the notary stamping device to the Verification of Notary Stamping Device which will be included with the Certificate of Authorization, and return the Verification to this office. After the timely receipt of the Verification, an official notary commission certificate will be issued. **APPLICANTS MAY NOT BEGIN TO NOTARIZE DOCUMENTS UNTIL THE COMMISSION CERTIFICATE IS RECEIVED AND IT IS ON OR AFTER THE COMMENCEMENT DATE LISTED ON THE NOTARY COMMISSION CERTIFICATE.**

SPECIFIC INSTRUCTIONS

1) Indicate the prefix for the applicant's name.

2) Provide the applicant's name exactly as it should appear on the notary commission and notary stamp. **The name provided must be exactly the same as the applicant signs when performing notarial acts.** For example, if a middle name or initial is included in box 2, the applicant must include the middle name or initial when notarizing documents. The name provided cannot contain an initial for the first name. Acceptable options are: First Name Last Name; First Name Middle Name Last Name; or First Name Middle Initial Last Name.

3) Provide the applicant's social security number. PRIVACY: In compliance with N.D.C.C. § 44-04-28, the disclosure of the social security number on this form is voluntary. It is not disclosed to the public. The numbers are used by the Secretary of State to maintain accurate notary files. Therefore, while voluntary disclosure is requested, failure to do so will not invalidate this notary application.

4) Provide the applicant's complete home mailing address.

5) Provide the applicant's complete work address.

6) Provide the applicant's home telephone number.

7) Provide the applicant's work telephone number.

8) Provide the applicant's email address. The email address is not disclosed to the public. This information is privatized in accordance with N.D.C.C. § 44-04-18.21. NOTE: If an email address is provided, it may be used for periodic general correspondence from this office, including the annual *Notary Notes* newsletter. If you do not want to receive emails from this office, do not provide an email address.

9) Provide the applicant's spouse's complete name, if applicable. According to North Dakota Century Code, Section 44-06.1-23(6)(b), a notary public may not notarize a signature on a document if: “The name of the notary public or the spouse of the notary public appears on the document as a party or in which document either individual has a direct beneficial interest or if either individual appears as a signatory to a petition within the meaning of section 1-01-50. A notarial act performed in violation of this subdivision is voidable.”

10) If the applicant is NOT a North Dakota resident, list the county and state of residence and the North Dakota city where the applicant works, if applicable. According to North Dakota Century Code, Section 44-06.1-20(2)(c), an applicant for a commission as a notary public must: "Be a resident of or have a place of employment or practice in this state or must reside in a county that borders this state and which is in a state that extends reciprocity to a notary public who resides in a border county of this state. If the person resides in a county bordering this state, that person by applying for a commission in this state appoints the secretary of state as the agent for service of process, for all purposes relating to notarial acts, including the receipt of correspondence relating to notarial acts."

11) Indicate the type of application. Check "New Commission" if the applicant has not previously been a North Dakota notary public. Check "Renewal of Commission" if the applicant has previously been a North Dakota notary public, even if the applicant's commission has expired.

12) Provide the applicant's previous commission expiration date if the application is for renewal.

13) All applicants are required to answer the questions in box 13. If any questions are checked "Yes," provide a written explanation and all applicable legal documentation.

14) The application must be signed by the applicant. The signature must match the name provided in box 2 and **the signature will become the applicant's official signature when performing notarial acts**. By signing the document, the applicant is signing an affidavit of qualifications and taking an oath of office. A commissioned notary public, **not the applicant**, must notarize the applicant's signature.

MAILING INSTRUCTIONS

Send **ORIGINAL** completed application, bond and filing fee to:

Secretary of State
State of North Dakota
600 E Boulevard Avenue Dept 108
Bismarck ND 58505-0500

CREDIT CARD PAYMENT AUTHORIZATION

SECRETARY OF STATE

SFN 51478 (04-2014)

(All items required to complete transaction)

Amount Authorized	
Name	Telephone Number
Address / City / State	ZIP Code
☐ VISA ☐ MasterCard ☐ Discover	Signature (Required by Credit Card Companies)
Account Number / CSC Number * / Card Expires Month - Year	Date

* (CSC is the three-digit security code on the back of your card by the signature)