County Seal	



MICHIGAN DEPARTMENT OF STATE OFFICE OF THE GREAT SEAL

Lansing, Michigan 48918-1750 Telephone: 517/373-2531

For Co	unty Use Only
County Name	
Date of Oath and Bond	
Oath administered, and Bond filed with:	(Clerk Initials)

APPLICATION FOR MICHIGAN NOTARY PUBLIC COMMISSION

(Please Print)

(- 1	ease Print)							
1.	Driver License or Person	nal Identific	ation Card	d Number:			Sta	te:
2.	Full Name:							
	0	(F	irst)		(Middle)		(Last)	
3.	Commissioned Name:	(F	irst)		(Middle)		(Last)	
4.	Date of Birth:	Month	Day	Year				
5.	Residence Address:		Number &	Street		City	State	Zip
6.	E-mail Address: (Option	al)						
7.	Business Address:		Number &	Street		City	State	Zip
-				County of res	idonco			•
8.	County:			•		ı are a non-Mic	higan resident).	
9.	Telephone Numbers:	()	-		() -	
			(Residen	ce)	_	<u> </u>	(Business)	
in 1	Please describe date and this or any other state. At a lift you currently hold a not the state that issued the	tach addition	onal pages	s if necessa	ary. If none,	please indi	cate N/A (Not A	pplicable)
	Cu	rrent Comm	nission Ex	pires:		State:		
pro sus	If you have previously a ovide the result of that app spended, restricted or car ase indicate N/A (Not App	olication, ar	nd whethe	r you have	ever had a n	otary public	appointment	revoked,

I hereby certify that I am 18 years of age or older; a resident of Michigan or maintain a principal place of business in Michigan; a US citizen or possess proof of legal presence; able to read and write the English language; not currently incarcerated in a correctional facility or have served time during the immediate past ten years for a felony or misdemeanor offense in any state. I solemnly affirm, under the penalty of perjury, that the information provided in this application is true, complete and correct; that I have carefully read the notary laws of Michigan; and that, if appointed and commissioned as a notary public, I will perform faithfully, to the best of my ability, all notarial acts in accordance with the law.

Please sign your name as it will appear on documents you notarize.

(Date)

By affixing my signature above, I understand that all information contained on this application form is subject to disclosure under the Freedom of Information Act, 1976PA442, MCL 15.231 et seq. I am enclosing a check or money order in the amount of \$10, payable to the State of Michigan, which I understand is a non-refundable processing fee.

COMMISSIONED NAME: Your commissioned name may differ from your full name. It should match the name you will use on notarized documents.

OATH AND BOND FILING REQUIREMENTS: Before sending the application to the Office of the Great Seal, you must swear a constitutional oath of office, file a \$10,000 surety bond and pay a \$10.00 filing fee with the county clerk. Information on where to obtain your surety bond and the cost is available from insurance agents and others that will solicit your business. *IMPORTANT*: You <u>MAY NOT</u> act as a notary public until the required oath, bond and fees are filed with the county clerk *AND* you have received your commission from the Office of the Great Seal.

SUBMITTING APPLICATION AND FEE: After swearing the oath and filing your bond with the county clerk, mail the completed application to:

Michigan Department of State, Office of the Great Seal, 7064 Crowner Blvd., Lansing, MI 48918-1750

A \$10.00 check or money order payable to the "**State of Michigan**" must accompany the application. <u>**Do not send cash.**</u>

RECEIVING YOUR COMMISSION: Your notary commission will be mailed to the address provided on your application. Expect to receive your commission in approximately 5 – 10 working days after it is received by the Office of the Great Seal.

TERM OF APPOINTMENT: Notary commissions expire six (6) years from your next birthday at time of commission issuance. Report any change of name or address to the Office of The Great Seal on the approved form.

Please direct any questions about your notary application to the Office of the Great Seal at 517/373-2531.

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