



INVOICE

**NAME CHANGE / AMENDED COMMISSION FOR YOUR REMOTE ONLINE NOTARY
INCLUDE:**

Florida State Fee / New RON Approval Letter / Rider to Existing RON Notary Bond

RON Name Change Fee \$60.00 _____

E-Notary Seal \$25.00 _____

Notary Journal \$20.00 _____

Pocket Embosser Seal \$36.00 _____

Desk Embosser Seal \$30.00 _____

TOTAL AMOUNT ENCLOSED \$ _____

Prices include shipping, handling & taxes.

Make your check or money order payable to Aaron Notary Appointment Services, Inc. Mail to:

Aaron Notary Appointment Services, Inc.

P.O. Box 69-3002

Miami, FL 33269-3002

CREDIT CARD CHARGE AUTHORIZATION

I hereby authorize "Aaron Notary Appointment Services, Inc." to charge my VISA/MASTERCARD in the amount of \$ _____ for my notary appointment.

By signing below, I agree to pay the above amount.

Name on Credit Card

Full Address (as listed on your Credit Card bill including Zip Code)

Credit Card #

Expiration Date

CW2

Date Signed

Authorized Signature

E-mail Address

RETURN THE FOLLOWING FORMS BY MAIL

Completed RON Registration Form and have it notarized by another notary, in addition to that we will need a copy your Amended Commission Notary Certificate, Bond Signed and RON Course Certificate of Completion.

**AARON NOTARY APPOINTMENT SERVICES INC.
PO BOX 693002 MIAMI FL 33269-3002**



Application Registration for Online Notary Public

INSTRUCTIONS

1. Provide your Last Name, First Name and Middle Name (if applicable).
2. Name for which your notary commission has been issued.
3. Provide your physical Home Address. (P.O. Box is not allowed).
4. Provide Email address and Phone number.
5. Provide your Florida Notary Commission and Expiration Date.
6. Provide your Florida Notary Id.
7. If you are a Civil-Law Notary, you must provide the Florida Bar Number and the Expiration Date.
8. If you are a Commissioner of Deeds, please provide the expiration Date.
9. **IMPORTANT** - Please provide the name(s) of the RON service provider that you will use. (Required).
10. Please Notarize the Registration Form by another notary public.

Application Registration for Online Notary Public
Florida Department of State, Division of Corporations, AFTD, Service PO Box 3027, Tallahassee, FL 32304
 (850) 487-2500; TDD: 1-800-352-3333; FAX: 904-498-2500

PERSONAL INFORMATION

Full name: _____ (Last) _____ (First) _____ (Middle)

Name as Commissioned: _____

Home Address: _____ (Street) _____ (City) _____ (State) _____ (County) _____ (Zip)

Email Address: _____ Phone Number: _____

Florida Notary Commission Number: _____ Expiration: _____

Florida Notary ID: _____

Civil-Law Notary - Florida Bar Number: _____ Date appointed: _____

Commissioner of Deeds Expiration date: _____

I will use the following RON Service Provider in compliance with Florida Law: _____

The applicant confirms:

1. The technology and processes they have chosen for use in performing online notarizations must satisfy the requirements set forth in Ch. 117, Florida Statutes, and Ch. 356-7, Florida Administrative Code.
2. They have submitted evidence of obtaining a bond in the amount of \$25,000.
3. They have submitted evidence of Errors and Omissions (E&O) insurance policy in the minimum amount of \$25,000.
4. They have submitted a copy of their commission or appointment as a Notary Public, Civil-Law Notary, or Commissioner of Deeds.
5. They have submitted payment of registration fee of \$10 by check payable to the Florida Department of State.
6. They understand that suspension, revocation, expiration, or termination of the applicant's Notary Public commission or appointment as a Civil-Law Notary, or Commissioner of Deeds immediately deactivates an Online Notary Public's registration.
7. They have submitted evidence of completing a classroom or online course covering the duties, obligations and technology requirements for serving as online notary public.

Under penalties of perjury, I declare that I have read the foregoing Registration for Online Notary and that the facts stated in it are true.

Signature: _____
 Print Name: _____

STATE OF FLORIDA
 COUNTY OF _____

Sworn to, affirmed, and subscribed before me by means of physical presence or online notarization, this _____ Day of _____ 20____, by _____ who is personally known to me or who has produced _____ as identification.

(PLACE NOTARIAL SEAL) Notary Signature: _____
 Print Name: _____
 Notary Public, State of Florida
 My Commission Expires: _____

WHITE-OUTS AND CROSS-OUTS ARE NOT ALLOWED ON THE REGISTRATION FORM

PLEASE PROVIDE YOUR EMAIL ADDRESS (In the event that we need additional information)

*** Please Note:**

- Aaron Notary Appointment Services Inc. offers a complete RON Package, in compliance with Florida Statute Chapter 117.225. (Not to be sold separately)
- Once your registration is approved by the state, we will send you an email notification with important information. (Please make sure to check your spam folder)
- A copy of your approved registration form will be mailed back to you for your records.
- We will provide you with a link where you can verify your name as an Approved Remote Online Notary Public in the State of Florida.

Fla. Stat. § 117.265 (5) An online notary public may change his or her RON service provider or providers from time to time but shall notify the Department of State of such change within 30 days thereafter.

Aaron Notary Appointment Services Inc. is not a RON Service Provider.

MAIL YOUR CERTIFICATE OF COMPLETION, NOTARIZED REGISTRATION FORM, A COPY OF YOUR CURRENT NOTARY COMMISSION CERTIFICATE AND THE RON \$25,000 BOND SIGNED ALONG WITH YOUR INVOICE AND PAYMENT TO:

Aaron Notary Appointment Services, Inc.
P.O. BOX 69-3002
MIAMI, FL 33269-3002

Application Registration for Online Notary Public

Mail to: Florida Department of State, Division of Corporations, ATTN: Notaries PO Box 6327, Tallahassee, FL 32314

In person or courier service to: 2415 North Monroe St., Suite 810, Tallahassee FL 32303

PERSONAL INFORMATION

Full name: _____
(Last) (First) (Middle)

Name as Commissioned: _____

Home Address: _____
(Street) (City) (State) (County) (Zip)

Email Address: _____ Phone Number: _____

Florida Notary Commission Number: _____ Expiration: _____

Florida Notary ID: _____

Civil-Law Notary- Florida Bar Number: _____ Date appointed: _____

Commissioner of Deeds Expiration date: _____

I will use the following RON Service Provider in compliance with Florida Law: _____

The applicant confirms:

1. The technology and processes they have chosen for use in performing online notarizations must satisfy the requirements set forth in Ch. 117, Florida Statutes, and Ch. 1N-7, Florida Administrative Code.
2. They have submitted evidence of obtaining a bond in the amount of \$25,000.
3. They have submitted evidence of Errors and Omission (E&O) insurance policy in the minimum amount of \$25,000.
4. They have submitted a copy of their commission or appointment as a Notary Public, Civil-Law Notary, or Commissioner of Deeds.
5. They have submitted payment of registration fee of \$10 by check payable to the Florida Department of State.
6. They understand that suspension, revocation, expiration, or termination of the applicant's Notary Public commission or appointment as a Civil-Law Notary, or Commissioner of Deeds immediately deactivates an Online Notary Public's registration.
7. They have submitted evidence of completing a classroom or online course covering the duties, obligations and technology requirements for serving as online notary public.

Under penalties of perjury, I declare that I have read the foregoing Registration for Online Notary and that the facts stated in it are true.

Signature: _____

Print Name: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to, affirmed, and subscribed before me by means of () physical presence or () online notarization, this ____ Day of _____ 20____, by _____ who is personally known to me or who has produced _____ as identification.

[PLACE NOTARIAL SEAL]

Notary Signature: _____

Print Name: _____

Notary Public, State of Florida

My Commission Expires: _____

**STATE OF FLORIDA
BOND OF NOTARY PUBLIC OR
ONLINE NOTARY PUBLIC**

Secretary of State
Notary Commissions
Form: DOC IN-7, R. 1N-7.001, F.A.C, effective 01/2020

FOR OFFICE USE ONLY
Approved by Department of State:

STATE OF FLORIDA

Bond No.: _____

KNOW ALL MEN BY THESE PRESENTS, That we,

_____ as Principal, and
(Name of Registrant)

()

(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 a Notary Public OR Online Notary Public in the amount of Twenty-Five Thousand Dollars (\$25,000) as assurance for the due discharge of the duties of his/her office of Notary Public OR Online Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally. Liability under this bond is limited to \$7,500 for acts performed in the capacity of a Notary Public pursuant to section 117.01(7)(a), Florida Statutes.

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.

APPLICANT SIGN HERE 

(Signature of Registrant)

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)



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 Twenty-Five Thousand Dollars (\$25,000).
After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the registration of online notary public.**



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ONLINE NOTARY PUBLIC: REQUIRED INFORMATION

Name: _____

Notary Commission: _____

Identify in the chart below any Remote Online Notary Service Providers you have used since January 1, 2022, to the date of your submission of this form, to perform remote online notarizations. (Use as many lines as necessary)

Remote Online Notary Service Provider Name	Effective Start Date	Effective End Date (if applicable)



If applicable, identify any secured repositories to which you have delegated your duty to retain your electronic journal pursuant to s. 117.245(4), F.S, since January 1, 2022, to the date of your submission of this form.

Secure Repository Name	Address	Email or Phone Number	Effective Start Date	Effective End Date (if applicable)

Notary signature: _____

Date: _____



RON PACKAGE FOR MID TERM COMMISSIONS CHECK LIST

- Invoice and Payment**
- Registration Form – must be notarized**
- RON Bond – must be signed**
- DC-DOS-50 – must be filled out completely and signed**
- Copy of Commission Notary Certificate**
- Copy of RON Course Certificate of Completion**

Keep a copy of your Invoice/Receipt for your records.

MAIL TO:
Aaron Notary Appointment Services, Inc.
PO Box 69-3002 Miami, FL 33269-3002
www.AaronNotary.com