

# Invoice

Aaron Notary Appointment Services, Inc.  
PO Box 69-3002 Miami, FL 33269-3002  
Ph: 305-654-8887 or 800-350-5161 FAX: 305-493-3339  
[WWW.AARONNOTARY.COM](http://WWW.AARONNOTARY.COM)

## Package A

All State Fees = \$39.00

\$7500 Bond = \$20.00

Quality Official State

Logo Wood Stamp (ink pad required)

Including tax = \$5.00

S&H = \$5.00

Total \$69.00 \_\_\_\_\_

## Package B

All State Fees = \$39.00

\$7500 Bond = \$20.00

Quality Official State

Logo Self Inking Stamp (no ink pad required)

Including tax = \$10.00

S&H = \$6.00

Total \$75.00 \_\_\_\_\_

## Errors and Omissions

### Protect yourself with personal liability insurance

Can you afford the high cost of a lawsuit? The State required \$7,500 bond protects the public, *not* you. The Bonding Company will seek reimbursement from you even if you are wrongfully sued.

We highly recommend that you protect yourself against these high costs with an E&O policy (**personal liability coverage**) to protect yourself.

\$5,000 E&O Coverage for 4 years \$14.00 \_\_\_\_\_

\$10,000 E&O Coverage for 4 years \$29.00 \_\_\_\_\_

\$30,000 E&O Coverage for 4 years \$74.00 \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_

### Make you check payable to Aaron Notary Appointment Services, Inc.

Mail to:

**Aaron Notary Appointment Services, Inc.**

**PO Box 69-3002**

**Miami, FL 33269-3002**

Please include your completed original application, signed and dated bond, and your signed course certificate with invoice and payment.

I hereby authorize "Aaron Notary Appointment Services, Inc." to charge my VISA/MC 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 CC bill)

\_\_\_\_\_  
Credit card #

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Signed



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

**Aaron Notary Appointment Services, Inc.**  
 P.O. Box 69-3002  
 Miami, FL 33269-3002  
 www.aaronnotary.com

This application and the information it contains, except social security numbers, are public record and will be available on the Division's website.

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/PO Box) (City) (State) (Zip)

E-mail Address: \_\_\_\_\_ Sex:  M  F Race: \_\_\_\_\_  
(or write "NONE")

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

Florida Driver's License (or other State of Florida Issued ID): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

- 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. (Ch. 668.50 (11) F.S.)  
 If Yes: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Commission expiration date) \_\_\_\_\_ (Commission number) \_\_\_\_\_ (Name in 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 any supporting documentation, such as 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 adjudication of guilt withheld, or are you 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)(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: ( \_\_\_\_\_ ) \_\_\_\_\_ **X** \_\_\_\_\_  
(or write "NONE") (Signature of Affiant)

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

**OATH OF OFFICE**

STATE OF FLORIDA COUNTY \_\_\_\_\_

I DO solemnly (swear) (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 of Florida; 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 honestly, diligently, and faithfully discharge 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** \_\_\_\_\_  
(Signature of Applicant- This is the name in which your commission and notary seal will be issued)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Print or Type Name- Must match signature) (Date)

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

# STATE OF FLORIDA BOND OF NOTARY PUBLIC

Secretary of State  
Notary Commissions

**FOR OFFICE USE ONLY**  
Approved by Department of State:

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS, That we,

\_\_\_\_\_ as Principal, and  
(Name of Applicant)

\_\_\_\_\_ ( ) \_\_\_\_\_  
(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 Notary Public, in the amount of Seven Thousand, Five Hundred Dollars (\$7,500) as assurance for the due discharge of the duties of his/her office of Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally.

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.

X \_\_\_\_\_  
(Signature of Applicant)

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 Seven Thousand, Five Hundred Dollars (\$7,500).  
After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the notary public commission.**  
DS/DE 76 (3/04)

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"THE PROFESSIONAL FLORIDA NOTARY PUBLIC APPOINTMENT COMPANY"

Applying Is As Easy As 1-2-3

1. To print **prices, application and bond**. ([Click Here](#))
2. After printing out the application have the "Affidavit of Character" filled out, and **don't forget** to sign the application.
3. Sign and date the bond.

**Your social security number is required by Subsection 117.91(2), Florida**  
**It may be used to facilitate a criminal background check.**

**Send your application and Bond along with your invoice and payment to;**

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