



Package A	Package B *	Package C	Package D
<ul style="list-style-type: none"> <li>✓ \$7500 Notary Bond</li> <li>✓ All State Fees</li> <li>✓ Rectangular Self-Inking Stamp</li> <li>✓ Notary Certificate</li> <li>✓ Tax &amp; S&amp;H Included</li> </ul>	<ul style="list-style-type: none"> <li>✓ \$7500 Notary Bond</li> <li>✓ All State Fees</li> <li>✓ Rectangular Self-Inking Stamp - *Trodat *</li> <li>✓ Notary Certificate</li> <li>✓ Tax &amp; S&amp;H Included</li> </ul>	<ul style="list-style-type: none"> <li>✓ \$7500 Notary Bond</li> <li>✓ All State Fees</li> <li>✓ Round Self-Inking Stamp</li> <li>✓ Notary Certificate</li> <li>✓ Tax</li> <li>✓ S&amp;H Included</li> </ul>	<ul style="list-style-type: none"> <li>✓ \$7500 Notary Bond</li> <li>✓ All State Fees</li> <li>✓ Pre-Inked Pocket Stamp</li> <li>✓ Notary Certificate</li> <li>✓ Tax</li> <li>✓ S&amp;H Included</li> </ul>
<b>\$83</b>	<b>\$87</b>	<b>\$93</b>	<b>\$103</b>
Additional Stamp \$25.00	Additional Stamp \$29.00	Additional Stamp \$30.00	Additional Stamp \$30.00

\*\*\*For an additional \$6.00 choose your case color: \*Package B ONLY\* **RED BLUE PINK FUCHSIA PURPLE GREEN MINT**

**PROTECT YOURSELF WITH PERSONAL LIABILITY INSURANCE - ERRORS & OMISSIONS**

The State required \$7,500 bond to protect the public, NOT you. The Bonding Company will seek reimbursement from you even if you are wrongfully sued. We highly recommend you protect yourself against these high costs with an E&O policy (personal liability coverage).

<b>\$10,000 E&amp;O Coverage for 4 years - \$26.00</b>	<b>\$30,000 E&amp;O Coverage for 4 years - \$75.00</b>
<b>\$50,000 E&amp;O Coverage for 4 years - \$123.00</b>	<b>\$100,000 E&amp;O Coverage for 4 years - \$244.00</b>

**ADDITIONAL NOTARY SUPPLIES**

- Notary Public Journal \$17.00
- If you buy \$30,000 or more E&O Insurance, the Notary Journal is ONLY \$10.00
- RUSH SERVICE - Approx. 15 business days (Normal processing time is approximately 25 business days). \$20.00
- Thumbprint Pad \$15.00
- Jurat Stamp \$36.00
- Pocket Embosser Seal \$36.00
- Desk Embosser Seal \$30.00
- Impression Inker for Embosser Seal \$13.00
- Name Plate with desk holder 2"x10": Silver  White  Gold  \$35.00
- If you answered YES to question #5 B, #6, #7, or #8. (See Instruction page) \$40.00

**HO HIDDEN FEES -Total Amount Enclosed \$ \_\_\_\_\_**

**PAYMENT OPTIONS: CHECK  MONEY ORDER  CREDIT CARD  ACH/CC PAYMENT LINK**

I hereby authorize "Aaron Notary Appointment Services, Inc." to charge my VISA/MASTERCARD in the amount of \$\_\_\_\_\_. By signing below, I agree to pay the amount listed above

Name on Credit Card \_\_\_\_\_ Full Address ( as listed on your statement) \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV2 Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Email Address for ACH/CREDIT CARD Payment Link \_\_\_\_\_





**INSTRUCTIONS**

**Applying Is As Easy As 1-2-3**

1. Complete all fields in blue or black ink. DO NOT leave any questions blank. DO NOT use N/A. Enter "None" where applicable. **Your social security number is required by Subsection 117.91(2), Florida. It may be used to facilitate a criminal background check.**

**\*Important Notice only if you answered YES to question #5 (second part of the question only), #6, #7 or #8 on the Application. You must include a Cashier's Check or Money Order for \$40.00 (Non-Refundable Processing Fee) in addition to the package you select.**

If any of your professional licenses or commissions have been revoked or if you have been disciplined by a regulatory agency, including the Florida Bar, and including disciplinary action that is confidential. Please submit the following information **(YES to question #5 or #6):**

- A written statement about the nature of the action.
- Any supporting documentation, such as a copy of the Final order from the regulating agency.
- If you have been convicted of a felony, had adjudication of guilt withheld, or are on probation, you must submit the following documents **(YES to question #7):**
- A written statement regarding the nature and circumstances of the charges.
- A copy of the Judgment and Sentencing Order; and,
- If convicted, a copy of the Certification of Restoration of Civil Rights (or pardon). The name of this document may vary depending on the state where the conviction occurred.

The State of Florida does not offer Rush Service for this type of application.

2. After printing out the application, have the **"Affidavit of Character"** section filled out and signed by someone who has known you for one (1) year or longer and is not related to you.

When you PRINT & SIGN your name in the **"Oath of Office"** section at the bottom of the page, your name must appear as the following example: John R. Doe or J. Richard Doe is acceptable, but not J.R. Doe, J. Doe, or R. Doe. However, a signature with a nickname or shortened name is acceptable (Joe for Joseph/Sue for Susan).

PRINT, SIGN & DATE the **"Bond of Notary Public"** section. Your signature must be a **WET INK SIGNATURE** and be the same on the notary application, bond, and certificate of completion. E-signatures or signature stamps are not allowed.

3. Sign your Certificate of Completion.

**DO NOT PUT ANY NOTARY STAMP ON THE APPLICATION OR THE BOND  
DO NOT USE WHITE-OUT ON THE APPLICATION OR THE BOND**

PLEASE PROVIDE YOUR EMAIL ADDRESS (If we need additional information)

**All returned checks will incur an additional charge of \$30 for Aaron Notary's processing fee.**

**MAIL YOUR ORIGINAL RENEWAL APPLICATION AND BOND, ALONG WITH YOUR INVOICE AND PAYMENT, TO:**

**Aaron Notary Appointment Services, Inc.  
P.O. BOX 693002 MIAMI, FL 33269-3002**





# NOTARY PUBLIC COMMISSION APPLICATION

Florida Department of State

Notary Commissions and Certifications Section (850) 245-6975

AARON NOTARY APPOINTMENT SVCS INC.

PLEASE MAIL APPLICATION TO:

PO BOX 69-3002

MIAMI FL 33269-3002

www.AaronNotary.com

## PERSONAL INFORMATION

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/P.O. Box) (City) (State) (Zip)

E-mail Address: \_\_\_\_\_  
(or write "NONE")

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

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

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

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

The disclosure of a Florida notary public applicant's social security number is expressly required by Fla. Stat. §117.01(2) and is imperative for processing notary public commission applications. Please be advised that social security numbers are only used for processing the notary public commission application and are exempt from disclosure pursuant to Fla. Stat. §119.071(5)(a)5.

1. Are you a legal resident of Florida?  Yes  No (If No, you are not eligible to apply for a Florida notary public commission. Legal residency must be maintained throughout the appointment.)
2. 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.)
3. Are you a wartime veteran with a disability rating of 50 percent or more?  Yes  No (If yes, you must submit a written request for the fee reduction and provide proof of exemption.)
4. 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. Fla. Stat. §668.50 (11)(b).)

If Yes: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Commission expiration date) \_\_\_\_ (Commission number) \_\_\_\_ (Name for which your commission was issued)

- \* 5. A. 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: \_\_\_\_\_  
B. Have any been revoked?  Yes  No (If Yes, you must submit a written statement about the nature of the action and a copy of the final order from the regulating agency.)
- \* 6. 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.)
- \* 7. Have you been convicted of a felony or have you had an adjudication of guilt withheld for a felony offense?  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.) \*Please note applicants are subject to FDLE background checks. Failure to disclose may result in suspension of the notary commission and/or be referred to FDLE. Fla. Stat. §117.01(4)\*
- \* 8. Are you currently on probation?  Yes  No

## 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 or 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: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ **X** \_\_\_\_\_  
(or write "NONE") (or write "NONE") (Signature of Affiant)

**OATH OF OFFICE**

STATE OF FLORIDA

\_\_\_\_\_ COUNTY

I do solemnly swear (or 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; 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 well and faithfully perform 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** \_\_\_\_\_  
(Official Signature of Applicant)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

 **APPLICANT SIGNS AND DATE HERE**

\*Note: If you affirm, you may omit the words "So help me God." Fla. Stat. §92.52.

\_\_\_\_\_  
(Print or Type Name – Name for which your commission will be issued)

**Must use legal first name, no initial.**

Acceptable options: Jonathan David Doe, Jon D. Doe, Jonathan Doe, Jonathan D. Doe

**MEMORANDUM**

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS, WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO CERTAIN ENUMERATED PERSONS, INCLUDING, BUT NOT LIMITED TO, PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. (SEE SECTION 119.071, FLORIDA STATUTES) IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR FLORIDA NOTARY PUBLIC COMMISSION APPLICATION SUBMISSION, PLEASE OBTAIN A PUBLIC RECORDS EXEMPTION FORM FROM THE FLORIDA DEPARTMENT OF STATE BY ACCESSING THE FOLLOWING LINK AND FOLLOWING THE INSTRUCTIONS ON THE FORM: <https://dos.myflorida.com/sunbiz/other-services/subpoenas-and-public-records-exemption-requests/>:

# 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.

**APPLICANT SIGNS HERE** 

\_\_\_\_\_  
(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)



## NEW AND RENEWAL APPLICANTS CHECKLIST

\_\_\_\_\_ Invoice and payment.

\_\_\_\_\_ Your Social Security Number, and Florida Id/Driver License Number must be provided in the Personal Information Section.

\_\_\_\_\_ Notary Application and Bond – must be filled out completely and signed.

\_\_\_\_\_ Affidavit of Character Section – must be filled out by someone who has known you for one (1) year or longer and is not related to you must complete this section and sign it. DO NOT NOTARIZE IT.

\_\_\_\_\_ Signed Certificate of Completion (New Applicants Only).

\_\_\_\_\_ Recorded Declaration of Domicile (Non-U.S. Citizens Only).

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

**ALL THE INFORMATION LISTED ABOVE  
MUST BE MAILED TO:**

**Aaron Notary Appointment Services, Inc.**  
**PO Box 693002**  
**Miami, FL 33269-3002**  
**[www.AaronNotary.com](http://www.AaronNotary.com)**

Return forms promptly; failure to do so will delay your notary appointment.

If Aaron Notary Appointment Services, Inc. cannot process your order within 120 days due to lack of information from you, we are no longer obligated to fulfill your order, your payment will be forfeited, and your application form will be discarded.

