



# NOTARY PUBLIC COMMISSION APPLICATION

Florida Department of State  
Notary Commissions (850) 245-6975

Mail Applications to: **TROY FAIN Insurance INC.**  
P. O. Box 5077  
Tallahassee, FL 32314-5077

This application and the information it contains, except social security number, 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) \_\_\_\_\_ (Zip)

Mail to:  Home  Business  Other Address: \_\_\_\_\_ (Street or P.O. Box) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

E-Mail Address: \_\_\_\_\_ (or write 'NONE') Sex:  M  F Race: \_\_\_\_\_

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

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.)) Go to [www.TroyFain.com](http://www.TroyFain.com) to complete the notary course.  
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 \_\_\_\_\_ Have they been revoked?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 judgement and sentencing order. If convicted, you must submit a Certification of Restoration of Civil Rights.)

## AFFIDAVIT OF CHARACTER

STATE OF \_\_\_\_\_ County \_\_\_\_\_

I, \_\_\_\_\_ (Print or Type Name of Affiant) am unrelated to and have known \_\_\_\_\_ (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) \_\_\_\_\_ (Zip)

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.**

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ (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 PENALTIES 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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_