



NOTARY PUBLIC COMMISSION APPLICATION

Florida Department of State

Notary Commissions and Certifications Section (850) 488-7521

This application and the information it contains are public record and may be disclosed to any person upon request.

Full Name: (Last) (First) (Middle)

Social Security Number: Date of Birth: (Month/Day/Year) Sex: Race:

Residence Address: (Street) (City) (State) (County) (Zip)

Mailing Address (If different from above) (Street or P.O. Box) (City) (State) (Zip)

Place of Employment: (indicate if "unemployed" or "retired")

Business Address: (Street) (City) (State) (Zip)

Home Phone: () Business Phone: () E-Mail Address: (or write 'NONE')

Florida Driver's License (or other State Issued ID):

Are you now or have you ever been commissioned a Notary Public in the State of Florida? YES NO

If Yes: (Commission expiration date) (Commission Number) (Name in which your commission was issued)

- 1. Are you a legal resident of Florida? YES NO
2. Are you a United States citizen? YES NO
3. Have you held any professional licenses or commissions in Florida during the past 10 years...
4. Have they been revoked?
5. Have you been disciplined by a regulatory agency...
6. Have you been convicted of a felony...

EDUCATION REQUIREMENT

Florida Law now provides that "A first-time applicant for a notary commission must submit proof that the applicant has, within 1 year prior to the application, completed at least 3 hours of interactive or classroom instruction, including electronic notarization, and covering the duties of the notary public." (Ch. 668.50(11) F.S.)

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.

Residence Phone: () (or write 'NONE') X (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 in which commission will be issued) (Print or Type Signature of Applicant) (Date) DS-DE 77 (11/00)

Change of Address Checklist

Mail the completed form to:

**Vermost & Associates, LLC
1120 Belcher Road South Suite 1
Largo, FL 33771**