



State of North Carolina
 Department of the Secretary of State
 Elaine F. Marshall, Secretary of State

APPLICATION FOR INITIAL APPOINTMENT AS A NORTH CAROLINA NOTARY PUBLIC (Revised August 2009)
 Read the instructions completely before filling out this application. Please print in black ink or type.

1. Applicant's full Legal Name (Full name with no initials) _____ Gender: M F

2. Applicant's Commission Name* _____

*You may use one initial for the first or middle name, but not for both. Commission name shall be a part of your full legal name, but not a nickname or shortened version of your legal name. No single initials without a full first or middle name are permitted. This name is how you will be commissioned and must appear exactly as such on your seal.

3. Mailing Address: _____	City: _____	State: _____	Zip: _____
Residence Address if Different: _____	City: _____	State: _____	Zip: _____

4. Business Phone + ext: _____ Home Phone: _____ Fax: _____ 5. Are you a citizen of the United States? Yes No
If No, attach a copy of your Permanent Resident Card (Form I-551).

6. Social Security #: _____ 7. E-Mail Address: _____ 8. Birth Date: _____ High School Diploma or equivalent? Yes No 9. County of Residence: _____

10. Occupation: _____ OR Unemployed Retired Student Self-Employed
 Business / Employer: _____ County Where Employed: _____
 Business Mailing Address: (Address, City, State, Zip) _____

11. Have you completed a notary public education course? Yes No Number of Class Hours: _____

name of educational organization or community college _____ print or type name of instructor _____ date completed _____
 I hereby certify that the above named applicant has successfully completed the notary public education course and therefore qualifies for your consideration for a notary public commission. _____
 signature of instructor _____ date _____

12. I hereby recommend the commissioning of the applicant to serve as a notary public.

 signature of elected official _____ title of elected official _____

 print or type elected official's name _____ date _____

13. Are you a licensed member of the North Carolina State Bar? Yes No 14. Do you have a current Notary Public Guidebook for NC? Yes No If yes: Year _____ Edition _____

15. Have you ever been convicted by any court of a felony or misdemeanor? Have you been charged with an offense for which trial is still pending? Yes No If yes to either question, see instructions on following page.

16. Have you ever had a professional license or notary commission denied, revoked, restricted or suspended? Have you ever had to resign a license or commission under unfavorable circumstances? Yes No If yes to either question, see instructions on following page.

DO NOT NOTARIZE YOUR OWN SIGNATURE.

This certificate must be notarized by a commissioned notary other than you.

17. State of North Carolina
 County of _____

I, _____, solemnly swear or affirm under penalty of perjury that the information in this application is true, complete and correct; that I understand the official duties and responsibilities of a notary public in this State, as described in the statutes; that I can speak, read and write in the English language; and that I will perform to the best of my ability all notarial acts in accordance with the law.

Signature of Applicant: _____
 (This signature must match the name on line 2 of this application and must be used in signing ALL notarized documents.)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____

(Official Seal or Stamp)

Signature of Notary Public: _____
 DO NOT NOTARIZE YOUR OWN SIGNATURE.

Printed Name of Notary Public: _____

My Commission Expires _____, 20_____