



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

- Class in lieu of on-line re-commission exam
 Application for failure to take oath
 Notary Instructor

APPLICATION FOR REAPPOINTMENT 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 answers.

1. Applicant's Full Legal Name (Full name with no initials) _____ Gender: M F Reappointment Applicants Place Current Notary Seal Here
Do not purchase a new seal until you take the new oath

2. Applicant's Commission Name* _____

**You may use one initial for the first or middle name but not for both. Commission name may 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. Name on Last Commission / Expiration Date / County _____

4. Mailing Address: _____ City: _____ State: _____ Zip: _____

Residence Address if Different: _____ City: _____ State: _____ Zip: _____

5. Business Phone + ext: _____ Home Phone: _____ Fax: _____ 6. Are you a citizen of the United States? Yes No
If No, attach a copy of your Permanent Resident Card (Form I-551).

7. Social Security #: _____ 8. E-Mail Address: _____ 9. Birth Date: _____ 10. County of Residence: _____

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

12. 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 is required for applicants who take the course prior to reappointment) _____ *signature of instructor* _____ *date signed* _____

13. Were you commissioned on or before July 10, 1991? Yes No Initial appointment date (if known) _____ / _____ / _____

If Yes, has your commission been continuous since your initial appointment? Yes No
Have you ever had a disciplinary action from the Secretary of State's office against your commission? Yes No

14. Are you a licensed member of the North Carolina State Bar? _____ 15. Do you have a current Notary Public Guidebook for NC? _____
Yes No Yes No If yes: Year _____ Edition _____

16. 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.

17. 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.

18. 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____