

APPLICATION MUST BE TYPED. PLEASE REVIEW THE DC NOTARY HANDBOOK PRIOR TO COMPLETING THIS APPLICATION.

All **BOLD** information will be made available to the public upon request.

- 1. Incomplete applications and applications without the commission fee will not be processed.
- 2. Return this application to the above address with:

Date: ___

- A check or money order for the \$75.00 commission fee payable to "DC Treasurer"
- A letter of request from yourself (Residential) or your employer (Business) on company letterhead, stating why you should be commissioned.

New Appointment	Reappointment	Expiration Date:
Name your commission will read:		
Home Address:		
Home Phone Number:	Email	:
Company Name:		
Company Address:		
Phone Number: (202)	Work Email: _	
Will your commission be used for	business or residential purpose	s? 🗆 Business 🗆 Residential 🗆 Dual
	our employer, who can attest to you	resses of two people who live or work in Ir character. The employer submitting the
Reference Name:		
Address:	Zip Code	
Phone Number:	Email:	
Reference Name:		
Address:	Zip Code	
Phone Number:	Email:	
Do you hold a notary commission	in any other state?	If yes, what state?
Have you ever held a Notary Commi	ission that was revoked?	If yes, Why?
Have you ever been convicted of a c	crime other than a minor traffic viola	ition?
If yes, please provide the charge and	d date of conviction.	
I, in this application is true, accurate a	, solemnly affirm under penalties nd complete to the best of my know	of perjury, that the information presented ledge and belief.

Signature: