COMPLETE, PRINT, SIGN IN THE PRESENCE OF A NOTARY AND MAIL (If paying with credit card, complete Credit Card Payment Authorization)

NOTARY APPLICATION

SECRETARY OF STATE

SFN 11001 (12-2013)

FILING FEE: $36.00

For Office Use Only

ID Number:	
WO Number:	
Filed:	By:
Expiration Date:	

Secretary of State
State of North Dakota
600 E Boulevard Avenue Department 108
Bismarck ND 58505-0500
Telephone: 701-328-2901
Toll Free: 800-352-0867 Extension 328-2901
Fax: 701-328-0107
Website: www.nd.gov/sos

For reference, see North Dakota Century Code, Chapter 44-06.1.

SEE INSTRUCTIONS FOR FEES, FILING AND MAILING INFORMATION

1. Prefix ☐ Mr. ☐ Ms.	2. Applicant's Name (as signed in number 14 below)		3. Social Security Number
4. Home Mailing Address	City	State	ZIP Code
5. Work Mailing Address	City	State	ZIP Code
6. Home Telephone Number	7. Work Telephone Number	8. Email Address	
9. Spouse's Complete Name (if applicable)	10. If applicant is not a North Dakota resident, list the following: (County and State of Residence)	(North Dakota city where applicant works)	
11. Type of Application ☐ New Appointment ☐ Reappointment			12. Previous Expiration Date (if applicable)

13. **ALL** applicants must answer the following questions. If YES, attach a written explanation and ALL legal documentation, if applicable.

YES	NO	
☐	☐	Have you ever been the subject of any inquiry or investigation by any agency of the State of North Dakota?
☐	☐	Have you or has any occupational license held by you been censured, suspended, revoked, cancelled, terminated or been subject to any type of administrative action in any state, including North Dakota?
☐	☐	Have you ever been convicted of or entered a plea to any criminal offense (felony, misdemeanor or infraction) other than traffic violations, in any State or Federal Court?
☐	☐	Have you ever been a defendant in any lawsuit involving claims of fraud, misrepresentation, coercion, mismanagement of funds, breach of fiduciary duty or breach of contract?

AFFIDAVIT OF QUALIFICATIONS AND OATH OF OFFICE
(in presence of a commissioned notary)

I, the undersigned, being first duly sworn, hereby state that I am over the age of eighteen, a citizen or permanent resident of the United States, a North Dakota resident, am employed in North Dakota or reside in a county that borders North Dakota and which is in a state that extends reciprocity to a Notary Public who resides in a bordering county of this state, and that I desire to become a commissioned notary public in the State of North Dakota for a period of six years.

I do solemnly swear (or affirm) that I will support the Constitution of the United States, and the Constitution of the State of North Dakota and that I will faithfully discharge the duties of the office of Notary Public according to the best of my ability, so help me God or under pains and penalties of perjury.

14. Signature (as provided in number 2 above)	**ATTENTION: MUST BE SIGNED IN THE PRESENCE OF A NOTARY!**

State	County
Signed and sworn to (or affirmed) before me on	Date
Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date (if not listed on stamp)	

(Notary Stamp)

NOTARY APPLICATION INSTRUCTIONS PAGE

For reference, see North Dakota Century Code, Chapter 44-06.1.

A commissioned Notary Public, **not the applicant**, must notarize the applicant's signature.

BOND: Along with the application, a six-year notary surety bond in the amount of $7,500.00 must be submitted. The spelling of the applicant's name on the bond must be identical to the name in box 2.

After the receipt of the fee, application and surety bond, the applicant will be issued an authorization letter, which authorizes a vendor to provide the applicant with an official notary stamp. Once an impression of the notary stamp is affixed to the return letter, the letter must be signed and returned to the Secretary of State's Office. When the return letter is received, approved and filed, an official notary certificate of commission will be issued.

SPECIFIC LINE INSTRUCTIONS

1) Check the corresponding prefix for the applicant's name.

2) Applicant's name as it should appear on the notary commission and notary stamp. This must be the same as signed in number 14.

3) PRIVACY: In compliance with N.D.C.C. § 44-04-28, the disclosure of the social security number on this form is voluntary. It is not disclosed to the public. The numbers are used by the Secretary of State to maintain accurate notary files. Therefore, while voluntary disclosure is requested, failure to do so will not invalidate this notary application.

4) Provide applicant's complete home mailing address.

5) Provide applicant's complete work address.

6) Provide applicant's home telephone number.

7) Provide applicant's work telephone number.

8) Provide applicant's email address. The email address is not disclosed to the public; this information is privatized in accordance with N.D.C.C. § 44-04-18.21.

9) Provide applicant's spouse's complete name, if applicable. According to North Dakota Century Code, Chapter 44-06.1-23(6)(b), a notary public may not notarize a signature on a document if: “The name of the notary public or the spouse of the notary public appears on the document as a party or in which document either individual has a direct beneficial interest or if either individual appears as a signatory to a petition within the meaning of section 1-01-50. A notarial act performed in violation of this subdivision is voidable.”

10) If the applicant is NOT a North Dakota resident, list the county and state of residence and the North Dakota city where the applicant works. According to North Dakota Century Code, Chapter 44-06.1-20(2)(c), an applicant for a commission as a notary public must: "Be a resident of or have a place of employment or practice in this state or must reside in a county that borders this state and which is in a state that extends reciprocity to a notary public who resides in a border county of this state. If the person resides in a county bordering this state, that person by applying for a commission in this state appoints the secretary of state as the agent for service of process, for all purposes relating to notarial acts, including the receipt of correspondence relating to notarial acts."

11) Check the corresponding box for the type of application. Check New Appointment if the applicant has not previously been a North Dakota Notary Public and check Reappointment if the applicant has previously been a North Dakota Notary Public.

12) Provide the applicant's previous commission expiration date if application is for reappointment.

13) All applicants are required to answer the questions in box 13. If any questions are checked yes, then the applicant must provide a written explanation and all applicable legal documentation.

14) The application must be signed by the applicant. The signature must match the name provided in number 2. By signing the document, the applicant is signing an affidavit of qualifications and oath of office. A commissioned Notary Public, **not the applicant**, must notarize the applicant's signature.

MAILING INSTRUCTIONS

Send **ORIGINAL** completed application to:

Secretary of State
State of North Dakota
600 E Boulevard Avenue Dept 108
Bismarck ND 58505-0500

CREDIT CARD PAYMENT AUTHORIZATION

SECRETARY OF STATE

SFN 51478 (4-2012)

(All items required to complete transaction)

Name			Amount Authorized
Address	City	State	Telephone Number
			ZIP Code

☐ VISA ☐ MasterCard ☐ Discover

Account Number	CSC Number *	Card Expires Month - Year	Signature (Required by Credit Card Companies)
			Date

* (CSC is the three-digit security code on the back of your card by the signature)