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Con	nmission	Expires	3:	/ /	/

APPLICATION FOR APPOINTMENT AS TEXAS NOTARY PUBLIC

Identifying Information		
Please Type or Print Legibly		
Name to be used as notary public: (This is the name you will be required to sign when notarizing.)	Social Security No.:	
Last First Middle (not required) Suffix	Required by TX Gov't Code §406	
Mailing Address: (Please notify the secretary of state of an address change within 10 days)	Residence County:	
TX		
Street City State Zip Email address for return of commission (print legibly):		
(Your commission will come from notarypubliccommission@sos.state.tx.us and you will NOT rec	ceive materials by mail.)	
Alternate email address for return of commission (optional):		
Date of Birth:/ Driver's License or Identification No.:	Issuing state:	
Statements Relating To Qualification		
I,, have never been convicted of a		
turpitude, am at least 18 years of age and a legal resident of Texas. {All applications are subjections are subjections.	et to a background check.}	
 A. I have been found guilty of a crime other than a Class C misdemeanor. (Applicants selection following for each crime: (1) copies of court order and sentence, and papers pertaining to a statement of (i) the nature, circumstances, date, and location, and (ii) whether the case a crime involving moral turpitude OR a FELONY disqualifies you from appointment as a I have never been found guilty of a crime OR I have only been found guilty of a Class C violations such as speeding. 	o release from probation; and (2) se is on appeal.) {A conviction for notary public under Texas law.}	
Notary Public Surety Bond		
(This space reserved for agency/bonding company) KNOW ALL PERSONS BY THESE PRESENTS:		
That we,	SURETY COMPANY	
as surety, a corporation duly licensed to do business in the state of Texas, are held and firmly state of Texas and to his/her successors in office, in the sum of TEN THOUSAND DOLLARS and truly be made we bind ourselves, our heirs, executors and administrators jointly and s	y bound unto the governor of the S for the payment of which, well	
bond, the above-named principal shall faithfully perform all duties of the office of notary public		
BOND NUM		
Agency Name: NOTARY INSURANCE SERVICES, INC Address: 4107 South 1st Street, A	·	
512.443.9202 Street	City State Zip	
Date:	rson for surety	
Statement of Officer		
I,, do solemnly swear (or affirm) that I have not d		
promised to pay, contributed, or promised to contribute any money or thing of value, or employment for the giving or withholding of a vote at the election at which I was electe appointment or confirmation, whichever the case may be, so help me God.		
Execution		
I declare under penalty of perjury that the facts in the foregoing Statement of Officer are information provided in and with this Application is true and correct and that I am not disqua from holding the office of notary public. I agree to be bound by the terms and conditions of the	llified by law or any other reason	
Date: Signature of Applicant (sign in name given above on lin	ne #1 to be used as notary public)	