



If renewing, mark this box:

Commission Expires: ___/___/___

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:

Street City State Zip

Email address for return of commission (Legible): (Your commission will come from notarypubliccommission@sos.state.tx.us and you will NOT receive materials by mail.)

Date of Birth: ___/___/___ Driver's License or Identification No.: ___ Issuing state: ___

Statements Relating To Qualification

I, the above-named applicant, have never been convicted of a felony or crime involving moral turpitude, am at least 18 years of age and a legal resident of Texas. {All applications are subject to a background check.}

Please select one of the following:

- A. I have been found guilty of a crime other than a Class C misdemeanor. (Applicants selecting this option must attach the following for each crime: (1) copies of court order and sentence, and papers pertaining to release from probation; and (2) a statement of (i) the nature, circumstances, date, and location, and (ii) whether the case is on appeal.) {A conviction for a crime involving moral turpitude OR a FELONY disqualifies you from appointment as a notary public under Texas law.}
B. I have never been found guilty of a crime OR I have only been found guilty of a Class C misdemeanor, e.g. minor traffic violations such as speeding.

Notary Public Surety Bond

(This space reserved for agency/bonding company)

KNOW ALL PERSONS BY THESE PRESENTS:

That we, the above-named applicant, as principal, and, as surety, a corporation duly licensed to do business in the state of Texas, are held and firmly bound unto the governor of the state of Texas and to his/her successors in office, in the sum of TEN THOUSAND DOLLARS for the payment of which, well and truly be made we bind ourselves, our heirs, executors and administrators jointly and severally. As a condition of this bond, the above-named principal shall faithfully perform all duties of the office of notary public.

BOND NUMBER:

Agency Name: Brady, Chapman, Holland & Associates, Inc. Address: Street City State Zip

Date:

Signature of authorized person for surety

Statement of Officer

I, the above-named applicant, do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my 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 true. I further certify that the information provided in and with this Application is true and correct and that I am not disqualified by law or any other reason from holding the office of notary public. I agree to be bound by the terms and conditions of the incorporated surety bond.

Date:

Signature of Applicant (sign in name given above on line #1 to be used as notary public)