

CECIL W. POWELL & COMPANY

INSURANCE, INTERNATIONAL FINANCIAL PLANNING AND SURETY BONDS – SINCE 1935
219 N. Newnan Street • P.O. Drawer 41490, Jacksonville, FL 32203-1490
Phone: (904) 353-3181 Fax: (904) 353-5722
www.cwpowellins.com

INFORMATION & INSTRUCTIONS ON APPLYING FOR A NOTARY PUBLIC COMMISSION

Type or Print the Application. We will not be Responsible for any incorrect informaton due to illegible applications.

APPLICATION FOR APPOINTMENT: Complete the top section in full and answer all questions. Be sure to include your Florida Driver’s License Number or Florida State I.D.

AFFIDAVIT OF CHARACTER: This should be completed by someone who has known you for at least 1 year. This does not need to be notarized.

OATH OF OFFICE: Sign your legal name by the ‘X’ and print your legal name where indicated. This is how your commission will be issued.

STATE OF FLORIDA BOND OF NOTARY PUBLIC: Print your name above the space marked ‘Name of Applicant’. Sign your name as ‘Applicant’ by the ‘X’.

PLEASE DO NOT DATE THE BOND OR HAVE IT NOTARIZED.

PROFESSIONAL LIABILITY / ERRORS & OMISSIONS INSURANCE: A minimum \$5000 policy is included in our fee, however, you may increase the coverage amount. Please see page 5 of this application for additional information. If you choose additional coverage, you will need to add the premium indicated to your payment.

NEW APPLICANTS: The Electronic Commerce Bill enacted by the Florida Legislature, SB 1334, requires that: “a first time applicant for a notary commission must submit proof that the applicant has, within one year prior to the application, completed at least three hours of interactive or classroom instruction, including electronic notarization and covering the duties of the notary public.” A new commission will not be issued until you have completed the training. The State of Florida offers a free online class at: <http://notaries.dos.state.fl.us>

Once you have completed the class, **print and sign** the completion certificate and mail it along with the application and your payment to our office for processing.

Please make check payable to Cecil W. Powell & Company.

RENEWAL APPLICANTS: Education is not required for you to renew your commission. Once you have completed the application, forward it along with a copy of your current Notary Commission certificate and payment to this office. The State requires your previous commission number in order to process your renewal.

PROCESSING TIME: PLEASE ALLOW AT LEAST 4 WEEKS TO PROCESS THE APPLICATION WHETHER NEW OR RENEWAL, AFTER WE RECEIVE IT IN OUR OFFICE. Your notary commission certificate will be mailed directly to you followed by your stamp within 5 –6 days. You will not receive your certificate and stamp together. They will be mailed separately.

Total Cost \$125.00
Notary Package Includes:

- State Fees
- \$7,500 Bond
- \$5,000 Professional Liability Policy *
- State Tax
- Self Inking Notary Stamp

*Additional Liability Limits Available. See Brochure



NOTARY PUBLIC COMMISSION APPLICATION

Florida Department of State
Notary Commissions (850) 245-6975

This application and the information it contains, except social security numbers, are public record and may be disclosed to any person upon request.

Full Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (State) (County) (Zip)

Business Address: _____

Sex: M F Race: _____

Home Phone: (_____) _____ Business Phone: (_____) _____ Extension _____
(or write "NONE") (or write "NONE")

Florida Driver's License (or other State of Florida Issued ID): _____ Date of Birth: ____/____/____
(Month/Day/Year)

- Are you a legal resident of Florida? Yes No (If No, you are not eligible to apply for a notary commission. Legal residency must be maintained throughout the appointment.)
- Are you are United States citizen? Yes No (If No, you must submit a recorded Declaration of Domicile. Obtain this document from your County Courthouse.)
- If you are a first time notary, you must complete a 3 hour education course and submit a signed certificate of completion pursuant to chapter 668.50(11), F.S.
- Have you held any professional licenses or commissions (other than Notary Public) in Florida during the past 10 years? Yes No (If yes, please list.)
_____ Have any been revoked? Yes No (If Yes, you must submit a written statement about the nature of the action any supporting documentation, such as a copy of the Final order from the regulating agency.)
- Have you been disciplined by a regulatory agency, including the Florida Bar, and including disciplinary action that is confidential? Yes No (If Yes, you must submit a written statement about the nature of the action and any supporting documentation, such as a copy of the Final order from the regulating agency.)
- Have you been convicted of a felony, had adjudication of guilt withheld, or are you on probation? Yes No (If Yes, you must submit a written statement of the nature of the offense(s), a copy of the court judgment and sentencing order. If convicted, you must submit a certificate of Restoration of Civil Rights.)

AFFIDAVIT OF CHARACTER

STATE OF _____ COUNTY _____

I, _____ am unrelated to and have known _____
(Print or Type Name of Affiant) (Name of Applicant)

for one year or more; and to the best of my knowledge and observation know (him)(her) to be of good character.

My address is _____
(Street) (City) (State) (County) (Zip)

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

Home Phone: (_____) _____ **X** _____
(or write "NONE") (Signature of Affiant)

Work Phone: (_____) _____
(or write "NONE")

OATH OF OFFICE

STATE OF FLORIDA COUNTY _____

I DO solemnly (swear) (affirm) that I will support, protect and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State of Florida; that I have read Chapter 117, Florida Statutes, and any amendments thereto, and know the duties, responsibilities, limitations, and powers of a notary public; and that I will honestly, diligently, and faithfully discharge the duties of Notary Public, State of Florida on which I am now about to enter, (so help me God).

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND OATH AND THAT THE FACTS STATES THEREIN ARE TRUE. I accept the office of Notary Public, State of Florida.

X _____
(Signature of Applicant- This is the name in which your commission and notary seal will be issued)

(Print or Type Name- Must match signature)

_____/_____/_____
(Date)

Social Security Number: ____/____/____

STATE OF FLORIDA BOND OF NOTARY PUBLIC

Secretary of State
Notary Commissions

FOR OFFICE USE ONLY
Approved by Department of State:

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS, That we,

_____ as Principal, and
(Name of Applicant)

_____ (_____)
(Imprint Name of Surety Company) (Telephone Number)

as Surety Company, give bond payable to any individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as Notary Public, in the amount of Seven Thousand, Five Hundred Dollars (\$7,500) as assurance for the due discharge of the duties of his/her office of Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally.

Applicant was, on the date of issuance of commission, bonded as a Notary Public in and for the State of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of Notary Public, as prescribed by law, then this obligation shall be void.

X
(Signature of Applicant)

Signed and sealed this _____ day of _____ 20_____

(Name of Surety Company)

(Address of Surety Company)

(Name of Bonding Agency or Company)

(Address of Bonding Agency or Company)

(Affix Surety Seal)

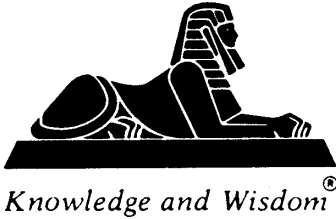
By X
(Signature of Florida Licensed Agent)

(Florida Licensed Agent Number)

(Printed name of Florida Licensed Agent)

Section 817.234(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

**This bond shall be for Seven Thousand, Five Hundred Dollars (\$7,500).
After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the notary public commission.**
DS/DE 76 (3/04)



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SELF INKING STAMP ORDER FORM

Your notary stamp, when it has been approved by the State of Florida, will be issued by Ace Rubber Stamp & Sign Inc. **It will state only the following with no state emblem:**

Your Name as listed on your Commission
Notary Public, State of Florida
My comm. Exp. *your expiration date here*
Comm No. *your commission number here*

If you wish to have another type of stamp, you can purchase your stamp at a local office supply or stamp company. If you choose this option, you can deduct \$15 from your total fee.

Your stamp will be mailed directly to the address you complete below. You should receive your stamp withing 5-6 days **AFTER** you have received your commission certificate.

Please print your name and Mail To Address below:

NAME _____
Name as it will appear on your Notary Commission Certificate

MAIL TO _____
Business Name if stamp is being mailed to Business Address

Address where you would like to receive the stamp

City, State, Zip

Day Time Phone Number: () _____

NOTARY BONDS PROTECT THE PUBLIC

State statutes regulate and prescribe the duties of a Notary Public. Professional liability is imposed on the Notary Public and, in most states, there is a mandatory bond requirement to protect the public.

WE PROTECT YOU!

BUT WHAT ABOUT YOUR LEGAL LIABILITY?

When performing the functions of a Notary Public, your legal liability is not limited to the statutory bond requirement, Your professional liability can easily be \$10,000 or more; this financial expense can now be insured at a minimal cost.

OLD REPUBLIC INSURANCE COMPANY CAN PROTECT YOU, THE NOTARY PUBLIC

A Notary Public professional liability policy will protect you against claims for any negligent act, error or omission committed or alleged to have been committed when acting in your capacity as a Notary Public, subject to all terms and conditions of the policy.

YOUR LEGAL DEFENSE

The expense of legal defense is also Insured even if the suit is groundless, false or fraudulent. Legal defense is included in the limit of liability.

YOUR APPLICATION FOR PROTECTION IS HERE

Complete, detach and mail to the Agent. His name appears on the reverse side of the application. Include payment with application.



GROUP POLICY

A group policy is available covering all Notaries working for a single employer. The group policy also covers the liability of the employer for acts of Notaries Public acting in the capacity of a Notary Public. Additional Notaries are covered automatically until renewal date.

Note: This brochure contains only a brief summary of coverage and policy provisions. All statements herein are subject to the provisions, exclusions and conditions of the applicable policy. Coverages afforded are only those for which application is made and for which a premium charge is indicated in the Declarations of the policy.

application for notary errors and omissions insurance

Your Name _____
First Middle Last

Address _____
No., Street

Town, County, State, Zip Code

Policy Period: From _____ To end of Notary Commission
12:01 A.M., Standard Time at the Address of the Applicant
as stated herein.

LIMITS OF LIABILITY (No deductible)
(Checks limit desired)

Limit of Liability	4 Year Premium
<input type="checkbox"/> \$ 5,000 aggregate	Included
<input type="checkbox"/> \$10,000 aggregate	\$10
<input type="checkbox"/> \$15,000 aggregate	\$20
<input type="checkbox"/> \$25,000 aggregate	\$25
<input type="checkbox"/> \$30,000 aggregate	\$41

Date of your Notary Commission _____

Premiums for term of policy shall be prepaid with application.

GROUP RATES

Number of Notaries Public

Signature of Applicant _____

Signature of Agent _____

Section 817.234(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."