Form 11NP001



APPLICATION FOR NOTARY PUBLIC COMMISSION

Please type or print in ink. Name will appear on certificate as it is entered on this Form.
This form is designed to be completed and printed from your computer. You cannot save the form on your computer unless you have the appropriate software. Fields marked with an asterisk (*) are required. Return completed Application with the \$25.00 fee to the Secretary of State, Business Services Division, P.O. Box 1020, Jackson MS 39215. If you do not submit your bond within (60) sixty days, your application will be in lapse status and applicant will have to start the notary process again.

This is a New Current Commission (Check only one)	Expiration Date:		_ Notary ID#:	
Name(s) of Applicant: *				
1. Street Address:*	City:*		MS Zip Code:*	
2. Optional Mailing Address:	C	ity:*	MS Zip:*	
3. Telephone: Home:*	Fax:	Email:		
Other Required Information:				
4. Date of Birth:*	MS Driver's License # *		PIN:*	
5. County of Residence:*	(or Non-Driver MS ID #)		(Any 4 digits such as last 4 of SSN)	
6. Business Name: 7. Street Address:*				
8. Mailing Address:		- City:	ZIp:^	
Under penalty of perjury, I hereby certify t the qualifications for appointment to the O of a disqualifying felony; I can read and w and I have been a legal resident for more t address provided on this application.	ffice of Notary Public; I rite the English languag han thirty (30) days in t	am at least 18 year e; I am a Citizen or	s of age and I have never been co other legal resident of the United	
			(Signature of Applicant)	
Sworn to and subscribed before me this	day of	, 20		
State of Mississippi County of:				
Notary Public			SEAL	
My Commission Expires:				
Form 11NP001 Revised 8/2012				