STANDARD NOTARY ORDER FORM

(305)503-5783 WWW.ALLIEDNOTARY.COM

RETURN THE COMPLETED FORM BY MAIL TO: ALLIED NOTARY P.O. BOX 692995 MIAMI FL 33269

BASIC NOTARY PACKAGE

New Notaries/Renewals (Standard Notary)

$99
4-Years Term

☐

Includes

- $7,500 Notary Bond
- All State Fees
- Notary Certificate
- Self-Inking Notary Stamp
- Notary Journal
- S&H
- Taxes Included

⊕ E&O Insurance Coverage
***HIGHLY RECOMENDED**

ERRORS & OMISSIONS INSURANCE COVERAGE

Standard Notary - HIGLY RECOMENEDED

- ☐ **$5,000 E&O Coverage for 4 years - $14.00**
- ☐ **$10,000 E&O Coverage for 4 years - $29.00**
- ☐ **$15,000 E&O Coverage for 4 years - $54.00**
- ☐ **$30,000 E&O Coverage for 4 years - $74.00**

Why Is It Recommended to Purchase E&O Insurance?

Errors & Omissions (E&O) Insurance protects the notary if a mistake is made during a notarization that causes financial harm to someone.
Florida Law requires a notary bond, the bond protects the public — not you. E&O insurance protects you.

ADDITIONAL NOTARY SUPPLIES

- ☐ Notary Public Journal - **$18.00**
- ☐ Rectangular Self-Inking Stamp - **$25.00**
- ☐ Rectangular Pre-Inked Pocket Stamp - **$33.00**
- ☐ Name Plate w/desk holder 2"x10": Silver ☐ White ☐ Gold ☐ - **$33.00**
- ☐ Round Pocket Stamp - **$33.00**
- ☐ Pocket Embosser Seal - **$33.00**
- ☐ Jurat Self-Inking Stamp - **$35.00**
- ☐ Certify Copy Self-inking Stamp - **$35.00**

TOTAL AMOUNT $ 0.00

Payments Options: Debit/Credit Card ☐ **Check** ☐ **Money order** ☐ Make the Checks and Money Order payable to Allied Notary.

I hereby authorize "Allied Notary Appointment Services." to charge my Credit Card in the amount of $ 0.00 .
By signing below, I agree to pay the amount listed above

Card Holder Name: _____

Card Number: _____ Expiration Date: _____

Security Code _____ Zip Code: _____ Signature: _____

NOTARY PUBLIC COMMISSION APPLICATION

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

ALLIED NOTARY APPT. SVCS. LLC.
PLEASE MAIL APPLICATION TO:
PO BOX 692665
MIAMI FL 33269
www.AlliedNotary.com

PERSONAL INFORMATION

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

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

Place of Employment: _____ ❑ Unemployed ❑ Retired

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

Mail to: ❑ Home ❑ Business ❑ Other Address: _____ (Street/P.O. Box) (City) (State) (Zip)

E-mail Address: _____ (or write "NONE")

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

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

Sex: ❑ Male ❑ Female

Race: ❑ Asian ❑ Black or African American ❑ Native American or Alaska Native ❑ White ❑ Other: _____

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

Social Security Number: _____-_____-_____

The disclosure of a Florida notary public applicant's social security number is expressly required by Fla. Stat. §117.01(2) and is imperative for processing notary public commission applications. Please be advised that social security numbers are only used for processing the notary public commission application and are exempt from disclosure pursuant to Fla. Stat. §119.071(5)(a)5.

1. Are you a legal resident of Florida? ❑ Yes ❑ No (If No, you are not eligible to apply for a Florida notary public commission. Legal residency must be maintained throughout the appointment.)
2. Are you a United States citizen? ❑ Yes ❑ No (If No, you must submit a recorded Declaration of Domicile. Obtain this document from your county courthouse.)
3. Are you a wartime veteran with a disability rating of 50 percent or more? ❑ Yes ❑ No (If yes, you must submit a written request for the fee reduction and provide proof of exemption.)
4. Are you now or have you ever been commissioned a Notary Public in the State of Florida? ❑ Yes ❑ No (If No, you, must complete a 3 hour Notary education course and submit a signed certificate of completion. Fla. Stat. §668.50 (11)(b).)

   If Yes: _____/_____/_____ (Commission expiration date) _____ (Commission number) _____ (Name for which your commission was issued)

* 5. **A**. 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: _____
   B. Have any been revoked? ❑ Yes ❑ No (If Yes, you must submit a written statement about the nature of the action and a copy of the final order from the regulating agency.)

* 6. 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.)

* 7. Have you been convicted of a felony or have you had an adjudication of guilt withheld for a felony offense? ❑ 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.) ***Please note applicants are subject to FDLE background checks. Failure to disclose may result in suspension of the notary commission and/or be referred to FDLE. Fla. Stat. §117.01(4)***

* 8. Are you currently on probation? ❑ Yes ❑ No

AFFIDAVIT OF CHARACTER

STATE OF _____ _____ COUNTY

I, _____ (Print or Type Name of Affiant) am unrelated to and have known _____ (Name of Applicant) for one year or more; and to the best of my knowledge and observation know him or 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: (_____)_____ (or write "NONE") Work Phone: (_____)_____ (or write "NONE") X_____ (Signature of Affiant)

Rvsd 03/2022

OATH OF OFFICE

STATE OF FLORIDA _____ COUNTY

I do solemnly swear (or 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; 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 well and faithfully perform 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 STATED THEREIN ARE TRUE. I accept the Office of Notary Public, State of Florida.

X_____ _____/_____/_____

(Official Signature of Applicant) (Date)

*Note: If you affirm, you may omit the words "So help me God." Fla. Stat. §92.52.

_____

(Print or Type Name – Name for which your commission will be issued)

Must use legal first name, no initial.

Acceptable options: Jonathan David Doe, Jon D. Doe, Jonathan Doe, Jonathan D. Doe

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MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS, WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO CERTAIN ENUMERATED PERSONS, INCLUDING, BUT NOT LIMITED TO, PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. (SEE SECTION 119.071, FLORIDA STATUTES) IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR FLORIDA NOTARY PUBLIC COMMISSION APPLICATION SUBMISSION, PLEASE OBTAIN A PUBLIC RECORDS EXEMPTION FORM FROM THE FLORIDA DEPARTMENT OF STATE BY ACCESSING THE FOLLOWING LINK AND FOLLOWING THE INSTRUCTIONS ON THE FORM: https://dos.myflorida.com/sunbiz/other-services/subpoenas-and-public-records-exemption-requests/:

Rvsd 03/2022

STATE OF FLORIDA
BOND OF NOTARY PUBLIC

FOR OFFICE USE ONLY
Approved by Department of State:

Secretary of State

Notary Commissions

STATE OF FLORIDA

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS, That we,

_____ as Principal, and
(Name of Applicant)

RLI Insurance Company (309) 692-1000
(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 ($ 7,500.00) 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 _____, _____.

Eric Raudins

Eric Raudins, Attorney in Fact

RLI INSURANCE COMPANY CORPORATE SEAL ILLINOIS

(Affix Surety Seal)

RLI Insurance Company
(Name of Surety Company)

P.O. Box 3967
Peoria, IL 61612-3967
(Address of Surety Company)

Allied Notary Appt. Svcs. LLC
(Name of Bonding Agency or Company)

P.O. BOX 692995 MIAMI FL 33269
(Address of Bonding Agency or Company)

By X _____
(Signature of Florida Licensed Agent)

W391680
(Florida Licensed Agent Number)

Erika Espinoza
(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 ($ 7,500.00).
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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NEW AND RENEWAL APPLICANTS

- [ ] Invoice and payment.
- [ ] Your Social Security Number and Florida ID/Driver's License Number must be provided in the Personal Information Section.
- [ ] Notary Application and Bond must be completed in full and signed.
- [ ] Affidavit of Character Section – must be filled out by someone who has known you for one (1) year or longer and is not related to you. Must complete this section and sign it. DO NOT NOTARIZE THIS SECTION.
- [ ] Signed Certificate of Completion (New Applicants Only).
- [ ] Recorded Declaration of Domicile (Non-U.S. Citizens Only).

KEEP A COPY OF YOUR ORDER FORM FOR YOUR RECORDS.
ALL THE INFORMATION LISTED ABOVE
MUST BE MAILED TO:

PO BOX 692995
MIAMI, FL 33269
WWW.ALLIEDNOTARY.COM

Return forms promptly; failure to do so will delay your notary appointment.
If Allied Notary Appt. Scvs. LLC. cannot process your order within 90 days due to a lack of information from you. We are no longer obligated to fulfill your order; your payment will be forfeited, and your application form will be discarded.