

REMOTE ONLINE 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

REMOTE ONLINE NOTARY PACKAGES

For Already Appointed Notaries

\$149

Price for 4-Years Term

INCLUDES

- \$25,000 RON Bond 4-Years. Options available for 1, 2, or 3 years remaining.
- \$25,000 RON E&O Insurance. Higher protection limits available: \$50,000 & \$100,000.
- All State Fee
- Processing Fee
- S&H

STEP #1: RON NOTARY BOND

Select the RON Notary Bond based on the number of years remaining on your current notary commission.

- RON Bond for 4 years - \$60.00
- RON Bond for 3 years - \$45.00
- RON Bond for 2 years - \$30.00
- RON Bond for 1 year - \$25.00

STEP #2: RON E&O INSURANCE

Select the level of E&O Insurance that works best for you.

- \$25,000 RON E&O Coverage for 4 years - \$50.00
- \$50,000 RON E&O Coverage for 4 years - \$100.00
- \$100,000 RON E&O Coverage for 4 years - \$200.00

STEP #3: FEES

- All State Fee, Processing Fee and S&H - \$39.00

ADDITIONAL NOTARY SUPPLIES

- | | |
|--|---|
| <input type="checkbox"/> Notary Public Journal - \$18.00 | <input type="checkbox"/> Round Pocket Stamp - \$33.00 |
| <input type="checkbox"/> E-Notary Seal - \$25.00 | <input type="checkbox"/> Pocket Embosser Seal - \$33.00 |
| <input type="checkbox"/> Rectangular Pre-Inked Pocket Stamp - \$33.00 | <input type="checkbox"/> Jurat Self-Inking Stamp - \$35.00 |
| <input type="checkbox"/> Name Plate w/desk holder 2"x10": Silver <input type="checkbox"/> White <input type="checkbox"/> Gold <input type="checkbox"/> - \$33.00 | <input type="checkbox"/> Certify Copy Self-inking Stamp - \$35.00 |

TOTAL AMOUNT \$ _____

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 \$ _____ .

By signing below, I agree to pay the amount listed above

Card Holder Name: _____

Card Number: _____ Expiration Date: _____

Security Code _____ Zip Code: _____ Signature: _____

Application Registration for Online Notary Public

Mail to: Florida Department of State, Division of Corporations, ATTN: Notaries PO Box 6327, Tallahassee, FL 32314

In person or courier service to: 2415 North Monroe St., Suite 810, Tallahassee FL 32303

PERSONAL INFORMATION

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

Name as Commissioned: _____

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

Email Address: _____ Phone Number: _____

Florida Notary Commission Number: _____ Expiration: _____

Florida Notary ID: _____

Civil-Law Notary- Florida Bar Number: _____ Date appointed: _____

Commissioner of Deeds Expiration date: _____

I will use the following RON Service Provider in compliance with Florida Law: _____

The applicant confirms:

1. The technology and processes they have chosen for use in performing online notarizations must satisfy the requirements set forth in Ch. 117, Florida Statutes, and Ch. 1N-7, Florida Administrative Code.
2. They have submitted evidence of obtaining a bond in the amount of \$25,000.
3. They have submitted evidence of Errors and Omission (E&O) insurance policy in the minimum amount of \$25,000.
4. They have submitted a copy of their commission or appointment as a Notary Public, Civil-Law Notary, or Commissioner of Deeds.
5. They have submitted payment of registration fee of \$10 by check payable to the Florida Department of State.
6. They understand that suspension, revocation, expiration, or termination of the applicant's Notary Public commission or appointment as a Civil-Law Notary, or Commissioner of Deeds immediately deactivates an Online Notary Public's registration.
7. They have submitted evidence of completing a classroom or online course covering the duties, obligations and technology requirements for serving as online notary public.

Under penalties of perjury, I declare that I have read the foregoing Registration for Online Notary and that the facts stated in it are true.

Signature: _____

Print Name: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to, affirmed, and subscribed before me by means of () physical presence or () online notarization, this _____ Day of _____ 20____, by _____ who is personally known to me or who has produced _____ as identification.

[PLACE NOTARIAL SEAL]

Notary Signature: _____

Print Name: _____

Notary Public, State of Florida

My Commission Expires: _____



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ONLINE NOTARY PUBLIC: REQUIRED INFORMATION

Name: _____

Notary Commission: _____

Identify in the chart below any Remote Online Notary Service Providers you have used since January 1, 2022, to the date of your submission of this form, to perform remote online notarizations. (Use as many lines as necessary)

| Remote Online Notary Service Provider Name | Effective Start Date | Effective End Date (if applicable) |
|---|-----------------------------|---|
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If applicable, identify any secured repositories to which you have delegated your duty to retain your electronic journal pursuant to s. 117.245(4), F.S, since January 1, 2022, to the date of your submission of this form.

| Secure Repository Name | Address | Email or Phone Number | Effective Start Date | Effective End Date (if applicable) |
|------------------------|---------|-----------------------|----------------------|------------------------------------|
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Notary signature: _____ Date: _____

Submit your information form to the Division of Corporations by either completing the form online at online-notary.sunbiz.org or by submitting a completed copy of this form by email at NotariesCorpHelp@DOS.MyFlorida.com. If you have questions, please contact the Notary Section at (850) 245-6975.

**STATE OF FLORIDA
BOND OF NOTARY PUBLIC OR
ONLINE NOTARY PUBLIC**

Secretary of State
Notary Commissions
Form: DOC IN-7, R. 1N-7.001, F.A.C, effective 01/2020

FOR OFFICE USE ONLY
Approved by Department of State:

STATE OF FLORIDA

Bond No.: _____

KNOW ALL MEN BY THESE PRESENTS, That we,

_____ as Principal, and
(Name of Registrant)


()

(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 a Notary Public OR Online Notary Public in the amount of Twenty-Five Thousand Dollars (\$25,000) as assurance for the due discharge of the duties of his/her office of Notary Public OR Online Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally. Liability under this bond is limited to \$7,500 for acts performed in the capacity of a Notary Public pursuant to section 117.01(7)(a), Florida Statutes.

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.

APPLICANT SIGN HERE 

(Signature of Registrant)

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)



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 Twenty-Five Thousand Dollars (\$25,000).
After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the registration of online notary public.**



ALREADY APPOINTED NOTARIES APPLYING FOR RON ONLY

- Invoice and payment.
- Registration Form –must be notarized.
- RON Bond –must be signed.
- DC-DOS-50 –must be filled out completely and signed.
- Copy of Commission Notary Certificate.
- Copy of RON Course Certificate of Completion.

**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.