

FOR OFFICE USE ONLY	UNIQUE ID	CASH NUMBER
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NYS DEPARTMENT OF STATE
DIVISION OF LICENSING SERVICES
PO BOX 22065
ALBANY, NY 12201-2065

NOTARY PUBLIC APPLICATION

PLEASE TYPE OR PRINT & RETURN THIS ORIGINAL FORM

NAME IN WHICH YOU WISH TO BE COMMISSIONED (MUST CONFORM TO SIGNATURE)			
LAST NAME		FIRST NAME	
MIDDLE			
SOCIAL SECURITY NUMBER (see privacy notification)		FEDERAL ID NUMBER (see privacy notification)	
		DAYTIME PHONE NUMBER	
NYS HOME ADDRESS: (if your legal residence is outside of NYS skip this section & complete the "NYS Business Name & Address" below)			
STREET ADDRESS:			
CITY:		ZIP CODE:	COUNTY:
		NY	
NYS BUSINESS NAME:			
NYS BUSINESS STREET ADDRESS:			
CITY:		ZIP CODE:	COUNTY:
		NY	

- The date you passed the NYS Notary Public Examination (see exemptions on reverse side) _____ MM / DD / YYYY
- Are you 18 years or older? _____ YES NO
- Are you currently a member of the NYS Bar? _____ YES NO
- Are you currently a Court Clerk of the Unified Court System, appointed to that position after taking a civil service promotional examination in the court clerk series titles? _____ YES NO
- Have you ever been convicted of a crime or offense (not a minor traffic violation) or has any license, commission or registration ever been denied, suspended or revoked in this state or elsewhere? _____ YES NO
- Are there any criminal charges (misdemeanor or felony) pending against you in any court in this state or elsewhere? (If yes, you must submit a copy of the accusatory instrument indictment, criminal information or complaint) _____ YES NO

I subscribe and affirm, under the penalties of perjury, the statements in this application are true and correct.

Applicant Signature X _____ Date _____

OATH OF OFFICE

For office use only: Unique ID

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MIDDLE			
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STREET ADDRESS:			
CITY:		ZIP CODE:	COUNTY:
		NY	
NYS BUSINESS NAME:			
NYS BUSINESS STREET ADDRESS:			
CITY:		ZIP CODE:	COUNTY:
		NY	

Oath of Office
State of New York
County of _____

I do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State New York, and that I will faithfully discharge the duties of the office of Notary Public for the State of New York according to the best of my ability.

Applicant Signature X _____ Date _____

Sworn to before me on this _____ day of _____

(County Clerk or Notary Public)

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