

SAMPLE NON-RESIDENT APPLICATION SAMPLe

FOR OFFICE USE ONLY	UNIQUE ID	CASH NUMBER
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FEE \$60 NYS DEPARTMENT OF STATE DIVISION OF LICENSING SERVICES

PO BOX 22065 ALBANY, NY 12201-2065

* MAIL WITH EXAM RESULTS & App FEE. MAKE COPY FOR YOUR RECORDS

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 DOE	FIRST NAME JANE	MIDDLE	
SOCIAL SECURITY NUMBER (see privacy notification) 111-11-1111	FEDERAL ID NUMBER (see privacy notification) 00-0000000	DAYTIME PHONE NUMBER 516-555-1212	
NYS HOME ADDRESS: (if your legal residence is outside of NYS skip this section & complete the "NYS Business Name & Address" below)			
STREET ADDRESS:			
CITY:	NY	ZIP CODE:	COUNTY:
NYS BUSINESS NAME: ABC COMPANY			
NYS BUSINESS STREET ADDRESS: 123 CORPORATE DRIVE			
CITY: NEW YORK	NY	ZIP CODE: 10001	COUNTY: NEW YORK

- The date you passed the NYS Notary Public Examination (see exemptions on reverse side) 07/10/2014
- 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

* ANSWERS MUST CONFORM TO APPLICANT SAMPLE ONLY

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

Applicant Signature X Jane Doe (DO NOT PRE-SIGN) Date 7/22/14

OATH OF OFFICE

For office use only : Unique ID

LAST NAME DOE	FIRST NAME JANE	MIDDLE	
NYS HOME ADDRESS: (if your legal residence is outside of NYS skip this section & complete the "NYS Business Name & Address" below)			
STREET ADDRESS:			
CITY:	NY	ZIP CODE:	COUNTY:
NYS BUSINESS NAME: ABC COMPANY			
NYS BUSINESS STREET ADDRESS: 123 CORPORATE DRIVE			
CITY: NEW YORK	NY	ZIP CODE: 10001	COUNTY: NEW YORK

Oath of Office I do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of 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.

State of New York County of

Applicant Signature X Jane Doe Date 7/22/14

Sworn to before me on this _____ day of _____

(County Clerk or Notary Public)

* DO NOT PRE-SIGN