

SAMPLE RESIDENT APPLICATION SAMPLE

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| FOR OFFICE USE ONLY | UNIQUE ID | CASH NUMBER | FEE \$60 |
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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) | 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: 123 SAMPLE STREET | | | |
| CITY: GARDEN CITY | NY | ZIP CODE: 11530 | COUNTY: NASSAU |
| NYS BUSINESS NAME: | | | |
| NYS BUSINESS STREET ADDRESS: | | | |
| CITY: | NY | ZIP CODE: | COUNTY: |

1. The date you passed the NYS Notary Public Examination (see exemptions on reverse side) 07/16/2014

2. Are you 18 years or older? YES NO

3. Are you currently a member of the NYS Bar? YES NO

4. 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

5. 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

6. 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 Jane Doe (DO NOT PRE-SIGN) Date 7/22/14

ANSWERS MUST CONFORM TO APPLICANT. - sample only -

OATH OF OFFICE

For office use only: Unique ID

| | | | |
|--|---------------------------|---------------------------|--------------------------|
| LAST NAME DOE | FIRST NAME JANE | MIDDLE | |
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| CITY: GARDEN CITY | NY | ZIP CODE: 11530 | COUNTY: NASSAU |
| NYS BUSINESS NAME: | | | |
| NYS BUSINESS STREET ADDRESS: | | | |
| CITY: | NY | ZIP CODE: | COUNTY: |

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.

DO NOT PRE-SIGN

Applicant Signature X Jane Doe Date 7/22/14

Sworn to before me on this _____ day of _____

(County Clerk or Notary Public)
 DOS-0033-af (Rev. 04/14)

| |
|---------------------|
| Notary Public Stamp |
|---------------------|