

New York State
Department of State
Division of Licensing Services
Notary Public
P.O. BOX 22065
Albany, NY 12201-2065
Customer Service: (518) 474-4429
www.dos.ny.gov

Notary Public Application Instructions

Please read all instructions carefully, as incomplete applications will be returned. Send these materials to the address indicated on the reverse side of this application. Notary Public commissions automatically expire four years from the effective date. It is important that you notify this division of any changes in your address so you will continue to receive renewal notices and other notifications pertinent to your commission.

Oath of Office Instructions

To qualify for appointment, an oath of office must be signed in the presence of a commissioned Notary and submitted to the Department of State with your completed application and \$60 fee. An identification card, stating the effective and expiration dates of your four-year commission, will be mailed to you directly by the Department of State.

Application Instructions

- 1. The name printed in which you wish to be commissioned must conform exactly to the signature that will be used as a notary public. Initials may be used, as in John A. Doe or J. Arthur Doe, but NOT J. Doe or J.A. Doe.
- 2. The use of a P.O. Box as the only address is not acceptable. A street address is required. County clerk employees should use the county clerk address. Non-resident notaries must use the street address of their New York State business. Please note: Addresses are subject to disclosure under the Freedom of Information Law (FOIL). If you do not want your home address released, you must provide a business address.
- 3. Examination admission requirements: You must have taken and passed the NYS Notary Public Examination. Examination results are only valid for a period of two years. If you are an attorney who is currently a member of the New York State Bar or a court clerk of the Unified Court System, appointed to that position after taking a Civil Service promotional examination in the court clerk series of titles you are not required to have taken and passed the examination. Attorneys and court clerks are **not** exempt from the application fee.

PRIVACY NOTIFICATION

Do I need to provide my Social Security and federal ID numbers on the application?

Yes, if you have a social security number or Federal ID number, you are required to provide this number. If you do not have a social security number or Federal ID number, please provide a written explanation.

The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to the Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

Return this original application (no photocopies) along with:

A non-refundable \$60 fee. You may pay by check or money order made payable to the Department of State or charge any fee to MasterCard or Visa, using a credit card authorization form. Do not send cash. A \$20 fee will be charged for any check returned by your bank.

(Note: The \$60 fee includes the \$40 State fee and the \$20 County fee)

Note: This form may not be used to renew your license.

County Clerk Employees Only

You must include a notarized fee exemption statement in lieu of the fee.

WOULD YOU LIKE TO REGISTER TO VOTE?

Please visit the NY State Board of Elections at www.elections.ny.gov/votingregister.html or call **1-800-FOR-VOTE** to request a NYS Voter Registration form.

To register online, please visit www.ny.gov/services/register-vote.

page 1 of 2

FOR OFFICE UNIQUE CASH FEE USE ONLY ID NUMBER \$60



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NOTAI	RY PUBLIC APPI	LICATION	V		PLEA	SE TYPE OR	PRINT & RETU	RN THIS ORIG	NAL FORM	
	NAME IN W	HICH YOU	WISH TO	BE CON	MISSIONED (MUST	CONFORM	TO SIGNATU	IRE)		
LAST NAME					FIRST NAME				MIDDLE	
SOCIAL SEC	CURITY NUMBER (see privac	y notification)	FEDERAL I	D NUMBE	R (see privacy notificatio	n) DA	YTIME PHONE NU	JMBER	**************************************	
NYS HOMI STREET AD	E ADDRESS: (if your lega DRESS:	ıl residence i	s outside of	NYS sk	ip this section & comp	lete the "NYS	Business Nam	e & Address" l	oelow	
CITY:		<u></u>	1	NY	ZIP CODE:		COUNTY:			
NYS BUSIN	ESS NAME:		L	-						
NYS BUSIN	ESS STREET ADDRESS:									
CITY:				NY	ZIP CODE:		COUNTY:			
1. The	date you passed the NYS	Notary Public	Examination	(see exe	emptions on reverse sid	e):			TTT	
2. Are	you 18 years or older?	`	□YES □ NO							
] NO	
4. Are prom	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 TO YES	J NO	
or re	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?								NO	
6. Are	there any criminal charges es, you must <i>submit a copy</i>	(misdemeand	or or felony) i	pending a	against you in any court tment, criminal informati	in this state or ion or complain	elsewhere?	YES [] NO	
l subsci	ribe and affirm, under	the penaltie	s of periur	v. the s	tatements in this ap	plication ar	e true and cor	rect.		
		-			-					
Applica	ant Signature X									
DATH OI	F OFFICE		FOR OFFICE			UNIQU		\		
LAST NAMI				FIF	RST NAME			MIDDLE		
NYS HON	ME ADDRESS: (if your legonress:	al residence	is outside o	of NYS sl	kip this section & com	plete the "NY	S Business Nar	ne & Address"	below	
CITY:			NY	ZIP CODE:		COUNTY:				
NYS BUSIN	IESS NAME:					College College College States and Mary College Colleg				
NYS BUSIN	IESS STREET ADDRESS:									
CITY:		-			ZIP CODE:		COUNTY:			
				NY						
) that I will support the (
cate or Ne County of			ew York, and cording to the		ll faithfully discharge the my ability.	duties of the	office of Notary F	Public for the Sta	ate of New	
	Applicant S	l Signature)	<				Date			
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Sworn to	before me on this	day of _								
		·.								
	(County Clerk or Notary F	Public)								
DOS-0033-f-a (Rev. 04/18)						Note	ary Public Stamp		page 2	