Instructions for Application for Appointment as a Montana Notary Public

1. Read through these instructions carefully. If there is anything you do not understand, please contact the Secretary of State's office at (406) 444-1877, (406) 444-5379 or sosnotary@mt.gov.

New Notary Applicants Please Note: You must pass the Montana Notary Public Exam before you may be commissioned as a Montana Notary Public.

Current Montana Notaries Please Note: You may not renew your commission more than 30 days prior to the expiration date of your current commission. You have until 30 days after the expiration of your current commission to renew your commission. If you do not renew your commission in time, you will be considered a new applicant.

2. Make arrangements to obtain a $10,000 surety bond written for a term of four years. These are available through most insurance companies licensed to do business in Montana. **A surety bond is not insurance for the notary**. It is meant to protect the public from any claim made against the State as a result of your actions. You may wish to discuss with your insurance agent the need for Errors & Omissions Insurance to provide personal coverage to protect yourself.

When you receive the bond, sign it on the line for the "Principal" with the signature you will use to notarize documents. If the city and county are listed on the bond, make sure they are where you live, not where you work.

3. Complete the Application for Appointment as a Montana Notary Public. The Application must be filled out completely and correctly notarized. **Applications that are incomplete, notarized improperly or do not include the required documentation cannot be processed and will be returned to you.**

When completing the Application, please note the following:

- Enter your name exactly the way you normally make your signature. This is the name in which your notary commission will be issued and it must match the name on the surety bond and your signature. (If your legal name is "John Quincy Public", but you normally sign "J. Q. Public", then enter J. Q. Public on the Application.)
- Follow all the directions on the Application and provide all the requested information and documentation.

4. Send your completed Application, your original bond, your exam certificate (new applicants only) and the non-refundable filing fee of $25 (check or money order made payable to: Secretary of State) **within 30 days (before or after) of your bond's effective date (if shown) to**:

Montana Secretary of State
Certification and Notary Services
PO Box 202801
Helena MT 59620-2801

5. Unless your Application is returned to you, **your official Certificate of Commission will be e-mailed to you** within ten to fourteen days.

YOU ARE NOT A NOTARY PUBLIC FOR THE STATE OF MONTANA UNLESS YOU HAVE RECEIVED AN OFFICIAL CERTIFICATE OF COMMISSION SHOWING YOUR NAME, CITY OF RESIDENCE, AND THE DATES OF YOUR TERM OF OFFICE.

DO NOT ORDER YOUR SEAL/STAMP UNTIL YOU HAVE RECEIVED YOUR CERTIFICATE

Montana Secretary of State
Certifications and Notary Services
PO Box 202801
Helena, MT 59620-2801

Application for Appointment as a Montana Notary Public

DTN:
FOR OFFICE USE ONLY

PRINT OR TYPE CLEARLY. FILL OUT APPLICATION COMPLETELY. Do **not** leave any blanks.
Use "none or "N/A" if applicable. **An incomplete application will delay your appointment.**

NONREFUNDABLE FILING FEE: $25 - Make check or money order payable to: Secretary of State

CHECK ONE: ☐ New Appointment (Attach bond, exam certificate, and filing fee)
☐ Reappointment - Application must be submitted within 30 days before or after your commission expiration date (Attach bond and filing fee)

PART I: Applicant Information (NOTE: Employer/Business contact information will be public record. If no Employer/Business phone number is provided, the Home/Cell phone number will be public record.)

First Name	Middle Name or Initial (if used)	Last Name	Suffix (if applicable)	Date of Birth (mm/dd/yyyy)

Home/Cell Telephone Number (include area code)	Personal E-mail Address (**Mandatory** - your Certificate of Commission will be sent to this e-mail address)

Home Mailing Address	City	State	Zip Code

Physical/Residential Address	City	State	Zip Code

Name of Employer/Business (if not applicable, use N/A)	Employer/Business Telephone Number (include area code)

Employer/Business Address	City	State	Zip Code

☐ Check this box if you do not want your name shown in the "Find Notaries in a Specific City" list at http://NotarySearch.mt.gov

PART II: History (Check appropriate box)

YES NO

☐ ☐ Have you ever been commissioned as a Montana Notary Public? If "Yes", complete the following:

Name on most recent Certificate of Commission	Commission Expiration Date

YES NO

☐ ☐ Within the last 10 years, have you been convicted of a felony or crime involving fraud, dishonesty or deceit?

☐ ☐ Within the last 10 years, have you been found in any legal proceeding or disciplinary action to have acted fraudulently, dishonestly, or deceitfully?

☐ ☐ Within the last 10 years, have you had a notary commission denied, revoked, or restricted in any state?

If you checked "Yes" above, attach a detailed, written explanation and ALL associated documentation.

PART III: Electronic Notarization (eNotarization) (Check appropriate box)

YES NO

☐ ☐ Will you be performing notarial acts with respect to electronic records?

If "Yes," identify the tamper proof technology you intend to use: _____

---------- **APPLICATION CONTINUED ON PAGE 2** ----------

STATEMENT & OATH of OFFICE

I, the undersigned, making application for a Commission as Notary Public in and for the State of Montana affirm and on this date swear that: I am eighteen (18) years of age or older, I am a citizen or permanent legal resident of the United States, I am a resident of Montana or have a place of employment or practice in Montana, I am able to read and write English, the information on this application is true and correct, and, to the best of my knowledge, I am qualified to be appointed and commissioned as a Notary Public for the State of Montana.

I do solemnly swear (or affirm) that I will support, protect and defend the constitution of the United States, and the constitution of the State of Montana, and that I will discharge the duties of my office of Notary Public for the State of Montana with fidelity (so help me God).

_____
Applicant's Signature (must match the name printed/typed on application and on bond)

State of Montana
County of _____

Sworn to and subscribed before me this _____ day of _____, 20 _____, by _____
(Name of applicant)

_____
Signature of Notary

[Affix Notarial Seal/Stamp above.]

IMPORTANT! Before sending your application, check the boxes indicating you are including the following:

- ☐ Completed, signed, and correctly notarized original **Application for Appointment as a Montana Notary Public**
- ☐ **$25 Non-refundable Filing Fee**
  *Make check or money orders payable to: Secretary of State
  *Inter Unit Journal Number (State of Montana Employees Only): _____
- ☐ Original, signed **Bond** (Do not send Errors & Omissions Policy)
  *The name and signature on your application must match the name and signature on the bond
- ☐ **Exam Certificate** (Required for new applicants or those whose previous commission expired more than thirty days ago)

- An application missing any of the required information or documentation cannot be processed and will be returned.
- Send your application and associated documentation to:

  Montana Secretary of State
  Certifications and Notary Services
  PO Box 202801
  Helena, MT 59620-2801

- Questions? Contact us at sosnotary@mt.gov or (406) 444-1877.

YOUR CERTIFICATE OF COMMISSION WILL BE E-MAILED TO YOU