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**
*The name and signature on your application must match the name and signature on the bond
*Do not send Errors & Omissions Policy

☐ **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