



New York State
DEPARTMENT OF STATE
Division of Licensing Services
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.
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.

4. Privacy Notification

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 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)

County Clerk Employees Only

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

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

NOTARY PUBLIC APPLICATION

PLEASE TYPE OR PRINT & RETURN THIS ORIGINAL FORM
NOTE: THIS FORM MAY NOT BE USED TO RENEW YOUR LICENSE

NAME IN WHICH YOU WISH TO BE COMMISSIONED (MUST CONFORM TO SIGNATURE)			
LAST NAME		FIRST NAME	
		MIDDLE	
SOCIAL SECURITY NUMBER (see privacy notification)		FEDERAL ID NUMBER (see privacy notification)	
		DAYTIME PHONE NUMBER	
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:			
NYS BUSINESS STREET ADDRESS:			
CITY:		NY	ZIP CODE:
			COUNTY:

1. The date you passed the NYS Notary Public Examination (see exemptions on reverse side) _____

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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
(If yes, you must include details/documentation)
6. Are there any criminal charges (misdemeanor or felony) pending against you in any court in this state or elsewhere? _____ YES NO
(If yes, you must submit a copy of the accusatory instrument indictment, criminal information or complaint)

I subscribe and affirm, under the penalties of perjury, the statements in this application are true and correct.
 Applicant Signature **X** _____ Date _____

OATH OF OFFICE

FOR OFFICE USE ONLY	APPT. DATE:	UNIQUE ID:
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LAST NAME		FIRST NAME	
		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:			
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.

Applicant Signature **X** _____ Date _____

Sworn to before me on this _____ day of _____

 (County Clerk or Notary Public)