

	<b>MINNESOTA SECRETARY OF STATE</b> Retirement Systems of MN Building 60 Empire Drive, Suite 100 St. Paul, MN 55103 651-296-2803 (toll free at 1-877-551-6767) Press Option 3 Email: notary.sos@state.mn.us	(For Department Use Only)	
	<b>NOTARY COMMISSION APPLICATION</b>	COMMISSION NUMBER	DATE PROCESSED

The data which you furnish on this form will be used by the Office of the Secretary of State and the Department of Commerce to assess your qualifications for a commission. **After issuance of the commission your name and designated address is public pursuant to Minnesota Statutes, Chapter 13.**

**A. APPLICATION** (Check applicable box)

<input type="checkbox"/> <b>NEW APPOINTMENT</b> Fee: \$120	<input type="checkbox"/> <b>REAPPOINTMENT</b> Fee: \$120 (commission has expired)	<input type="checkbox"/> <b>RENEWAL</b> Fee: \$120 (can also be renewed online at notary.sos.state.mn.us)	<input type="checkbox"/> <b>ADDRESS CHANGE</b> No Fee (can also update online at notary.sos.state.mn.us)	<input type="checkbox"/> <b>NAME CHANGE</b> No Fee (attach legal documentation)
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**B. COMMISSION NUMBER** (Required for reappointment, renewal, address change and name change)

CURRENT COMMISSION NUMBER
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**C. APPLICANT INFORMATION** (List your name the way it appears on your driver's license, tax returns and legal documents.)

FIRST NAME	MIDDLE NAME OR INITIAL	LAST NAME	
RESIDENTIAL STREET ADDRESS (PO Box must include Rural Route or Street Address)			
CITY		STATE	ZIP CODE
DATE OF BIRTH (Applicant must be 18 years old) mo/day/yr:	TELEPHONE NUMBER with area code ( )	EMAIL ADDRESS	
<b>COUNTY OF RESIDENCE</b> (Non-residents must list a Minnesota County he or she will be filing in upon receiving their notary commission from the Office of the Secretary of State.)			

**D. BUSINESS NAME AND ADDRESS** (Optional - applies when notarization is a function of your job)

BUSINESS NAME		
BUSINESS ADDRESS (Business location where the notary conducts business, PO Box must include Rural Route or Street Address)		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER with area code ( )		

**Check address you want shown on public lists:** (Must check one and can check both. If none are checked, default is residential)

Residential Address
  Business Address

**E. FORMER RESIDENTIAL ADDRESS** (required if filing an address change)

FORMER RESIDENTIAL STREET ADDRESS (PO Box must include Rural Route or Street Address)
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**F. FORMER NAME** (required if filing a name change)

FORMER NAME (Must attach legal document showing the name change; i.e. copy of marriage certificate, divorce decree, driver's license, court order, etc.)
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**ALL applicants MUST answer questions 1-4.**

**NOTE: If you have already submitted information relating to the 4 questions below pertaining to any criminal acts, notary performance, licensure status and civil actions and it has not changed from your original notary public application, you do not need to re-submit the information again. In this case, you may indicate on this page, that you have already submitted the required documentation.” By adding this statement, you will be certifying that you have had no further changes from your original notary public application.**

**If the answer to any question is YES, you must attach an explanation including the specific dates, charges, resolution, attach copies of legal documentation and complete the background check form. All items including these answered questions, Notary Application, Background Check Form and supporting documentation when applicable, must be mailed together to the Office of the Secretary of State.**

1. Have you ever been the subject of any inquiry or investigation with respect to a notary commission or by any division of the Minnesota Commerce Department? (If yes, attach written explanation and copies of Department letters or order.)	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
2. Have you or has any occupational license held by you been censured, suspended, revoked, canceled, terminated or been the subject to any type of administrative action in any state including Minnesota? (If yes, attach written explanation and copies of Department letters or order.)	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
3. Have you ever been charged with, or convicted of, or been indicted for, or entered a plea to, any criminal offense (felony, gross misdemeanor or misdemeanor), in any State or Federal Court? <b>(If yes, attach written explanation and copies of complaint, sentencing and disposition documents, and if currently on probation, attach letter from probation officer stating compliance with terms of probation.) Note: This does NOT include traffic violations such as DUI, DWI, speeding, under age, minor consumption, petty misdemeanor, etc.</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
4. Have you been a defendant in any lawsuit involving claims of fraud, misrepresentation, conversion, mismanagement of funds, breach of fiduciary duty or breach of contract? (If yes, attach written explanation and copies of court documents.)	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

APPOINTMENT OF THE SECRETARY OF STATE AS AGENT FOR SERVICE OF PROCESS. KNOW ALL PEOPLE BY THESE PRESENT: That in compliance of the Laws of the State of Minnesota, I, the undersigned applicant, if a nonresident, do hereby appoint the Secretary of State of the State of Minnesota, his/her successor or successors, as my true and lawful agent upon whom may be served all legal process in any action or proceeding in which I may be a party arising out of or relating to the transactions of the commission, and do hereby expressly consent and agree that service upon such agent shall be as valid and binding as if due and personal process has been made upon me and that such appointment shall be irrevocable.

I certify that the statements in this application and attachments are true and complete and that this document has not been altered or changed in any manner from the form adopted by the Office of the Secretary of State.

**OATH: I swear to uphold the duties of a Notary Public in the State of Minnesota.**

\_\_\_\_\_  
**Signature of Notary Applicant**

\_\_\_\_\_  
**Date**

## I N S T R U C T I O N S

1. To obtain a Notary commission, submit this completed application with the application fee to the Office of the Secretary of State.
2. **The notary commission fee is \$120.00.** The fee is non-refundable and must be paid by check or money order made payable to the OFFICE OF THE SECRETARY OF STATE Do not send cash through the mail.
3. **Applicant must be at least 18 years of age.** Applicant must be either a Minnesota resident, **or** a resident of a county in IA, ND, SD, or WI and list the Minnesota County he or she will be filing in upon receiving their commission. Non-resident notary applicants must designate the Secretary of State as their agent for service of process.
4. **Upon receipt of your commission, you must register it with the county.** Your resident county name and telephone number will be listed in the instructions portion of your commission certificate. Please contact the county for directions to the appropriate location to register your commission. **Note:** there is a \$20.00 fee charged at the county level.
5. **Upon receipt of your commission, you must purchase a notary stamp.** When you notarize a document, your notary stamp must match the name on your commission certificate however you may sign documents using your normal signature if different then what is listed on your commission certificate.
6. **Notary commissions expire on January 31 of the fifth year following the year of issue.** Applications for renewal may be submitted 6 months prior to the expiration date of your current commission or a reappointment can be made any time after the expiration of your commission. Upon receipt of your new commission, re-register your commission with the county where you are commissioned, and purchase a new notary stamp. Your resident county name and telephone number will be printed in the instructions portion of your new commission certificate. Please contact your county to find out where you should go to re-register. **Note:** there is a \$20.00 fee charged at the county level.
7. **Address Changes: You must notify the Secretary of State of any address change within 30 days.** If you have changed your home address to a new county, you must re-register your commission with the county. Your resident county name and telephone number is listed in the instructions portion of your new commission certificate. Please contact your county to find out where you should go to re-register and for any fee inquiries.
8. **Name Change Application: You must notify the Secretary of State of any name change within 30 days.** Please attach your former commission to this application. You must also attach a copy of a legal document showing the name change (for example, marriage certificate, divorce decree, or other legal documentation). Upon receipt of your new commission, re-register with the county and purchase a new notary stamp. Your resident county name and telephone number is listed in the instructions portion of your new commission certificate. Please contact your county to find out where you should go to re-register and for any fee inquiries.
9. **If you answered Yes to any of the 4 questions above, please include the appropriate documentation and return all items to the Office of the Secretary of State.** The Mailing Address is listed at the bottom of this page.
10. Minnesota Statutes, Chapters 357, 358, and 359 (which govern notaries and notarial acts) may be downloaded from the Minnesota Legislature website [www.leg.state.mn.us](http://www.leg.state.mn.us) or purchased through the Minnesota Bookstore (phone 651-297-3000).
11. If you have any questions, please call 651-296-2803 (toll free at 1-877-551-6767) and press option 3 for notary assistance.

### MAIL TO:

Minnesota Secretary of State – Notary  
Retirement Systems of Minnesota Building  
60 Empire Drive, Suite 100  
St. Paul, MN 55103

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.



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 Email: [Notary.sos@state.mn.us](mailto:Notary.sos@state.mn.us)

**CRIMINAL BACKGROUND CHECK  
FORM**

THIS FORM ONLY NEEDS TO BE COMPLETED BY NOTARY PUBLIC APPLICANTS IF THERE IS A YES ANSWER TO ANY OF THE 4 QUESTIONS LISTED ON THE SIGNATURE PAGE OF THE NOTARY APPLICATION. THE DEPARTMENT OF COMMERCE USES THIS INFORMATION TO CONDUCT CRIMINAL HISTORY CHECKS.

**\*\*\*PLEASE PRINT\*\*\***

PROVIDE COMPLETE LEGAL NAME OF APPLICANT		
LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH (mo/day/yr)		
TYPE OF APPLICATION FOR WHICH YOU ARE APPLYING <b>Notary Commission</b>		

**THE FOLLOWING CERTIFICATION AND AUTHORIZATION MUST BE SIGNED BY APPLICANTS AUTHORIZING A BACKGROUND CHECK:**

I, the undersigned, have made application to the Office of the Secretary of State for a regulated notary commission.

I certify that I have provided complete and accurate answers to all questions on my application.

I hereby request/authorize the Department of Commerce to conduct a background check of me through their records for licensing or notary commission purposes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**MAILING INSTRUCTIONS: This form should be completed and mailed along with the Notary Application to:**

Minnesota Secretary of State - Notary  
 Retirement Systems of Minnesota Building  
 60 Empire Drive, Suite 100  
 St. Paul, MN 55103