KANSAS SECRETARY OF STATE = Notary Public Appointment Form =



| A. Personal Info(1) Applicant Name: | rmation (PLEA | SE PRINT)''''' | | | | | |
|--|--|-----------------------|---------------|------------------------|---------------------------------|---------------------|--|
| (2) Decidential Address. | (Initials and prefixes are not allowed - see instructions) Street Address (P.O. Box acceptable with street address) | | | - | | | |
| (2) Residential Address: | | | | | | | |
| City | | State | Zip | | | | |
| (3) Business Address: | Stroot Address (P) | O. Box is not accepta | abla) | | | | |
| | Succi Address (1.) | O. Box is not accept | aoic) | | | | |
| City | | State | Zip | | Do not write in this spa | ace. | |
| (4) A (6) | - C 1: 2 1 | | | 5) Daytime telephor | ne number: () | | |
| (4) Affix an impression | of applicant's seal. | | | | | | |
| | | | (| 6) Secondary teleph | one number: () | | |
| | | | (| 7) Give expiration d | ate of last <u>Kansas</u> appoi | intment: | |
| | | | _ | _ | | | |
| | | | | Month | Day | Year | |
| B. Oath | | | | | | | |
| I do solemnly swear that | I am a resident of th | e state of Kansa | s, or a resid | ent of a bordering sta | ate who regularly carrie | es on a business of | |
| profession or is regularly | | | | | | | |
| language; that I will supp had a professional license | | | | | | | |
| help me God. | | | | | , | 8 | |
| (9) State of | | | (8 |) | Applicant signature | pplicant signature | |
| County of | | SS. | | | | | |
| (10) Signed and sworn to | | day of | | | | | |
| | | · · · | Month | Year | (SE. | AL) | |
| (11) My appointment ex | Month | Day | ,Year | _ | (52) | . 123) | |
| (12) | Not a significant | | | | | | |
| | Notary's signature | | | | | | |
| C. Notary Suret | • | | | | | | |
| Know All Persons By Th | ese Presents: That v | ve, the above-na | med applica | nt as principal and | | | |
| Name of Su | rety Company | | Address | | City State | Zip | |
| as surety company, give b | | | | | | | |
| her official capacity as no of the duties of his/her of | | | | ` | | _ | |
| severally. Applicant was | • 1 | | | | | | |
| for the term of four years | in accordance with | the laws of this s | state. Now, | therefore, if said app | licant shall faithfully di | scharge the dutie | |
| of the office of notary pu | | | | | | y, understand tha | |
| we are required by K.S.A | 1. 33-120 to report to | ome secretary of | state the ot | acome on any ciaim | med on this bond. | | |
| (14) | | | | | | | |
| | Surety | | _ | Date | e | | |

Rev. 9/9/14 tc K.S.A. 53-103

Contact Information

Kansas Secretary of State Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594 (785) 296-2239 notary@sos.ks.gov www.sos.ks.gov

Notary Public Appointment Form Instructions

A. Personal Information

- (1) Enter the name of the applicant. The name listed here must match exactly to the name printed on the notary stamp in question (4). Initials in place of a first name (J. Michael Doe or J. M. Doe) and prefixes (Doctor, Father, Mrs.) are not acceptable. We recommend that your name be listed as it is listed on your state issued driver's license or identification card.
- (2) Enter the street address of the residence of the applicant. This must be a physical street address no post office boxes will be accepted.
- (3) Enter the work street address of the applicant.
- (4) Affix an impression of the notary stamp that the applicant will be using. If the applicant chooses to use more than one stamp, an impression of each must appear in the space provided. The applicant may either use a "seal press" (impression seal) with the impression to be blackened, or a rubber stamp to be used with permanent ink. The seal must include the applicant's name and the words "Notary Public" and "State of Kansas." "My appointment expires ______ " also may be included. Although you must obtain your seal or stamp before completing the application process, you will not be authorized to notarize documents until you receive your certificate of appointment from the secretary of state. *The name on the stamp must match the name entered on the application (1) and the applicant signature (8)*.
- (5) Enter the applicant's daytime telephone number. (The best number to reach the applicant during the day.)
- (6) Enter a secondary telephone number for the applicant. (This could be a cell phone, home phone or work number.)
- (7) Enter the expiration date of the applicant's last appointment if he or she is currently a Kansas notary public or has ever been a Kansas notary public.

B. Oath

- (8) The applicant should sign the application after reciting the oath in the presence of a legally authorized notary public.
- (9) The notary completing the oath (notarizing the applicant's signature) should complete the state and county in which the notarization takes place.
- (10) The notary public who is notarizing the document should complete the date the oath was administered.
- (11) The notary public who is notarizing the document should enter the date his or her notary commission expires.
- (12) The notary public who is notarizing the document should sign the document and affix his or her notary seal in the space provided to the right of his or her signature.

C. Notary Surety Bond

The law requires a notary public to be bonded in the sum of \$7,500 for a four (4) year period automatically coinciding with the appointment. The bond must be a commercial surety bond from an insurance company licensed to do business in Kansas.

- (13) Enter the name and physical address of the commercial surety company.
- (14) The signature should be completed by the Attorney in Fact from the insurance company and also the date he/she signed the bond. An insurance company must affix a corporate seal or attach its Power of Attorney.

D. Notary Application Filing Fee

Attach your check of \$25 for filing the notary appointment form, made payable to the secretary of state. Notice: There is a \$25 service fee for all returned checks.

Rev. 1/27/11 jdr K.S.A. 53-103