



**State of Missouri**  
**John R. Ashcroft, Secretary of State**

**Commissions**  
**PO Box 784, Jefferson City, MO 65102**  
**Toll-Free (866) 223-6535 or (573) 751-2783**

**Non-Resident Application for Commission as a Notary Public**  
 (Application fee \$25)

**Print or Type**

1. Name \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
 (This name must appear as it is signed in #18)
2. Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. County of Employment (St. Louis City Residents, please specify St. Louis City) \_\_\_\_\_
4. Daytime Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_
5. Employer/Name of Business \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
6. Missouri Commission Number (if reapplying) \_\_\_\_\_
7. Previous Commission Expiration Date (if any) \_\_\_\_\_
8. Previous Name (if your name has changed) \_\_\_\_\_

**Check YES or NO for the following questions:**

9. Are you at least eighteen years of age?  YES  NO
10. Are you able to read and write the English Language?  YES  NO
11. Do you reside legally in the United States? (*Sec. 245, Immigration and Nationality Act, requires that you attach a copy of your green card*)  YES  NO
12. Do you work in the county within and for which you have requested to be commissioned and will use the notary commission in the course of your employment in Missouri?  YES  NO
13. In the last five years have you been denied, revoked, suspended, restricted or resigned a notarial commission, professional license, or public office in this or any other state or nation? (*If yes, attach a separate letter indicating reason and date.*)  YES  NO
14. In the last five years have you ever been convicted of or pled guilty or nolo contendere to any felony in this or any other state or nation? (*If yes, attach a list and supporting documentation of such convictions or pleas of guilt or nolo contendere.*)  YES  NO
15. Do you have any claims pending or disposed against your notary bond held or any civil findings or admissions of fault or liability regarding your activities as a notary in this or any other state or nation? (*If yes, attach a list and supporting documentation on such.*)  YES  NO
16. Have you read the Missouri Notary Public Handbook and know the laws and duties of a Notary Public?  YES  NO
17. Have you completed a state-approved notary training? (*Attach your certificate of completion or your completed written notary training form.*)  YES  NO
18. Declaration of Applicant  
 STATE OF MISSOURI

I, \_\_\_\_\_ (name of applicant), do solemnly swear or affirm under penalty of perjury that the personal information in this application is true, complete, and correct; that I understand the official duties and responsibilities of a Notary Public in Missouri, as explained in the notary public handbook; and that I will perform, to the best of my ability, all notarial acts in accordance with the law. I authorize the Secretary of State as my agent and representative to accept service of process of service of any notice or demand required by law to be served me.

**X**  
 \_\_\_\_\_  
**Signature of Applicant (Signature MUST appear as it is typed or written in #1 above)**

**PAYMENT**

\$25 Check or Money Order Enclosed (Payable to Director of Revenue)

\*Credit Card:  Master Card  Visa  Discover  American Express  
\*(\$1.25 convenience fee will apply)

NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ CARD NUMBER (16 Digits) \_\_\_\_\_

CVV—SECURITY CODE FROM BACK OF CARD \_\_\_\_\_

BILLING ADDRESS FOR CARD WITH CORRECT ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Instructions**

1. **Name** – Print or type your name as you want it to appear on your commission certificate. You are required by law to use your full last name, while initials may be used for first and middle names.  
**Date of Birth** – Please provide your birth date in numerals: month/day/year. This is to confirm that applicants are at least 18 years of age.
2. **Home Address** – Please provide the address at which you reside. **If your mail goes to a post office box, please include a street address after the PO Box number.** Also give the city, state and zip code.
3. **County of Employment** – Please indicate the county where you are employed. If you work in St. Louis City, please enter St. Louis City.
4. **Daytime Phone Number** – You are requested to provide a phone number where we can reach you BETWEEN THE HOURS OF 8:00 a.m. and 5:00 p.m., should we need to verify information given on the application.
5. **Employer/Name of Business** – Your employer’s name is required should we need to contact you during working hours.
6. **Missouri Commission Number** – If reapplying, please provide your Missouri commission number.
7. **Previous Commission Expiration Date** – Please provide if reapplying.
8. **Previous Name** – If your name has changed since your last commission, please provide your previous name.
- 9-17. **Yes or No** – Please READ CAREFULLY AND ANSWER CORRECTLY the 12 questions listed on this portion of the application.
18. **Notarial Oath** – Complete the form by signing your name in the same name style you indicated in #1 on the application affirming that the information provided is true and complete.

**REQUIRED ENCLOSURES:**

\$25 application fee as required under Sections 486.630 and 28.160.3 RSMo

Certificate of state approved notary training or completed written notary training form.

**FORM MUST BE SIGNED UNDER  
OATH ON FRONT PAGE**