

Application Registration for Online Notary Public

Mail to: Florida Department of State, Division of Corporations, ATTN: Notaries PO Box 6327, Tallahassee, FL 32314

In person or courier service to: 2415 North Monroe St., Suite 810, Tallahassee FL 32303

PERSONAL INFORMATION

Full name: _____
(Last) (First) (Middle)

Name as Commissioned: _____

Home Address: _____
(Street) (City) (State) (County) (Zip)

Email Address: _____ Phone Number: _____

Florida Notary Commission Number: _____ Expiration: _____

Florida Notary ID: _____

Civil-Law Notary- Florida Bar Number: _____ Date appointed: _____

Commissioner of Deeds Expiration date: _____

I will use the following RON Service Provider in compliance with Florida Law: _____

The applicant confirms:

1. The technology and processes they have chosen for use in performing online notarizations must satisfy the requirements set forth in Ch. 117, Florida Statutes, and Ch. 1N-7, Florida Administrative Code.
2. They have submitted evidence of obtaining a bond in the amount of \$25,000.
3. They have submitted evidence of Errors and Omission (E&O) insurance policy in the minimum amount of \$25,000.
4. They have submitted a copy of their commission or appointment as a Notary Public, Civil-Law Notary, or Commissioner of Deeds.
5. They have submitted payment of registration fee of \$10 by check payable to the Florida Department of State.
6. They understand that suspension, revocation, expiration, or termination of the applicant's Notary Public commission or appointment as a Civil-Law Notary, or Commissioner of Deeds immediately deactivates an Online Notary Public's registration.
7. They have submitted evidence of completing a classroom or online course covering the duties, obligations and technology requirements for serving as online notary public.

Under penalties of perjury, I declare that I have read the foregoing Registration for Online Notary and that the facts stated in it are true.

Signature: _____

Print Name: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to, affirmed, and subscribed before me by means of () physical presence or () online notarization, this _____ Day of _____ 20____, by _____ who is personally known to me or who has produced _____ as identification.

[PLACE NOTARIAL SEAL]

Notary Signature: _____

Print Name: _____

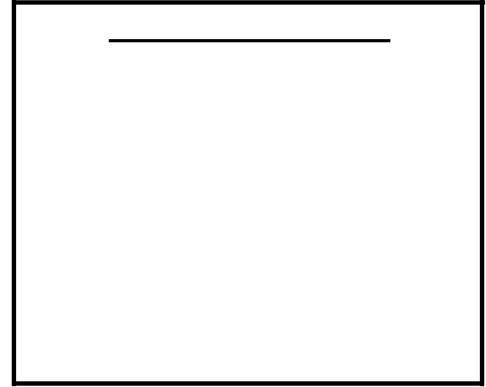
Notary Public, State of Florida

My Commission Expires: _____

STATE OF FLORIDA BOND OF
NOTARY PUBLIC OR
ONLINE NOTARY PUBLIC

FOR OFFICE USE ONLY
Approved by Department of State:

Secretary of State
Notary Commissions
Form: DOC IN-7, R. 1N-7.001, F.A.C, effective 01/2020



STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS, That we;

_____ as Principal, and
(Name of Registrant)

_____ (Telephone Number)
(Imprint name of Surety Company)

as Surety Company, give bond payable to any individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as a Notary Public OR Online Notary Public in the amount of Twenty-Five Thousand Dollars (\$25,000) as assurance for the due discharge of the duties of his/her office of Notary Public OR Online Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally. Liability under this bond is limited to \$7500 for acts performed in the capacity of a Notary Public pursuant to section 117.017(a), Florida Statutes.

Applicant was, on the date of issuance of Notary Public commission, bonded in and for the State of Florida as a Notary Public of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of Online Notary Public, as prescribed by law, then *this* obligation shall be void.

By: _____
(Signature of Registrant)

Signed and sealed the ___ day of _____ 20_____

(Affix Surety Seal)

(Name of Surety Company)

(Address of Surety Company)

(Name of Bonding Agency or Company)

(Address of Bonding Agency or Company)

By: _____
(Signature of Florida Licensed Agent)

(Florida Licensed Agent Number)

(Printed name of Florida Licensed Agent)

Section 817.234(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

This bond shall be for Twenty-Five Thousand Dollars (\$25,000).
After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the registration of online notary public.