



COMMONWEALTH OF KENTUCKY

ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

FEE \$10.00

Notary Commissions

P.O. Box 821
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Notary Public, State at Large
Application for Appointment and Reappointment

A. APPLICATION TYPE:

[ ]

New Appointment

[ ]

Reappointment. Check only if your commission has not expired. Do not send your application for reappointment earlier than 60 days before your current commission expires.

If you currently hold a notary commission in Kentucky, please provide your Commission Expiration Date: \_\_\_\_\_

B. COMMISSION INFORMATION:

If you have ever held a notary commission in Kentucky, please provide your Commission Number: \_\_\_\_\_

If you currently hold a notary commission in Kentucky, are you currently registered to perform electronic and/or online notarizations? \_\_\_\_\_

C. APPLICANT INFORMATION (Type or Print Legibly):

First Name: \_\_\_\_\_ Middle Name or Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Residential Mailing Address: (If your physical residential address is different from your mailing address please provide both)

\_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Business Mailing Address: (If your physical business address is different from your business mailing address, please provide both)

\_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Date of Birth: (Applicant must be 18 years old) \_\_\_\_\_ Telephone Number with Area Code: \_\_\_\_\_

(Month/Day/Year)

County of Commission: (The county where you will take your oath and post surety) \_\_\_\_\_

### DECLARATION OF QUALIFICATIONS

The applicant hereby affirms, under penalty of perjury, that the undersigned:

- A. Is at least 18 years of age;
- B. Is a citizen or permanent resident of the United States;
- C. Is a Kentucky resident or has a place of employment or practice in the county within the Commonwealth where the application is made;
- D. Is able to read and write the English language; and
- E. Is not disqualified to receive a notary commission under KRS 423.395.

The undersigned further affirms that the answers submitted to the questions below are true and correct:

**A. Have you, or a professional license held by you, ever been conditioned, suspended, revoked, canceled, terminated, not renewed for reasons involving fraud, dishonesty, or deceit?**

YES

NO

If you answered yes, submit a written statement detailing the type of license, the circumstances of each action, the action taken and a copy of all documentation related to that action.

**B. Have you ever been convicted of, or entered a plea to, a state or federal felony crime or any other crime involving fraud, dishonesty or deceit?**

YES

NO

If you answered yes, submit a written statement detailing the conviction or plea along with a copy of all documentation related to that conviction.

**C. Have you had a finding against you or admitted liability in any civil legal proceeding involving fraud, dishonesty, or deceit?**

YES

NO

**D. Have you ever been denied a notary commission or had a notary commission conditioned, suspended, revoked, canceled, terminated, not renewed or otherwise subject to administrative action in Kentucky or any other state?**

YES

NO

If you answered yes, submit a written statement detailing the circumstances of each action and a copy of all documentation related to that action.

By signing below the undersigned acknowledges that the Secretary of State may deny, refuse to renew, revoke, suspend or impose a condition on a notary commission for any act or omission that demonstrates that applicant lacks the honesty, integrity, competence or reliability to act as a notary public and that by delivering this application to the Secretary of State the undersigned is deemed to have declared under penalty of perjury that the answers and information provided are true and correct.

Name of Applicant: (Type or Print Legibly) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTARY APPLICATION FOR NEW APPOINTMENT OR REAPPOINTMENT INSTRUCTIONS

**Section B, Commission Information:** Provide your Kentucky notary commission number and expiration date as it appears on your certificate of appointment.

**Section C, Applicant Information:** Provide your full legal name, residential mailing address, physical residential address and/or business mailing address and physical business address.

Your county of commission is the county where you will complete the process of becoming a notary by taking your oath and filing your surety. This can be either the county where you reside or where you work. You must select only one. (KRS 423.390)

**Declaration of Qualifications:**

“Felony” means any state or federal offense for which a sentence to a term of at least one (1) year of imprisonment applies.

“Misdemeanor” means any state or federal offense for which a sentence to a term of imprisonment of not more than twelve (12) months applies.

**Signature of Applicant** – the application is not complete until signed and the signature matches the name listed in Section C.

**Delivery:** Mail your completed application, along with the fee of **\$10** (payable to the **Kentucky State Treasurer**) to:

**Notary Commissions  
P.O. Box 821  
Frankfort, KY 40602-0821**

After the application has been processed and approved by the Secretary of State, a written notice will be sent to you stating the Certificate of Appointment can be obtained from the county clerk’s office. You have **thirty (30) days** from receiving notice of your appointment to go to the county clerk’s office to take the oath of office and provide surety.

For specific information regarding the bonding and oath process, you should make direct contact with your county clerk. Failure to post bond and take the oath within **thirty (30) days** of receiving notice will cause your commission to become void. This will necessitate the submission of a new application and fee to become commissioned as a notary.