



PRINT OR TYPE CLEARLY. FILL OUT APPLICATION COMPLETELY. Do not leave any blanks.
 Use "none" or "N/A" if applicable. **An incomplete application will delay your appointment.**
FEE: \$40 – make check or money order payable to: COMMONWEALTH OF PENNSYLVANIA.

CHECK ONE: **New Appointment**
 Reappointment (have been a notary in Pennsylvania before)

Complete the following if you have ever been a notary in Pennsylvania before:	
Notary commission expiration date	Full name on previous commission
Notary commission ID number	Other name used on previous commission

For Official Use Only

PART I: Applicant Information (NOTE: Employer/Business contact information will be public record)			
First Name	Middle Name or Initial (if used)	Last Name	Suffix (if applicable)
Date of Birth (mm/dd/yyyy)	Social Security Number (xxx-xx-xxxx)	Email Address (Optional)	
Name of Employer/Business where Notary Commission will be used (Do not leave blank. If not applicable, please indicate.)			
Employer/Business Street Address (P.O. Box alone is insufficient)		City	State Zip Code
Employer/Business Telephone (include area code)	Municipality (city/borough/township)		County
Home Street Address (P.O. Box alone is insufficient)		City	State Zip Code
Home Telephone (include area code)	Municipality (city/borough/township)		County

Part II: Education, Criminal History, Other Notary Commission History (Check or mark appropriate boxes)	YES (√)	NO (√)
I am a notary applicant for initial appointment or reappointment and I have completed a pre-approved three-hour notary public education course within the six-month period immediately preceding this application (unless permanently exempted). Attach a copy of your course completion certificate and retain your original. Lack of proof of education will result in application rejection.		
Have you ever been convicted of or entered a plea of guilty or nolo contendere to a felony or lesser offense preceding the date of this application? If yes, attach full details (name of court, plea or conviction, sentence and length of probation) and appropriate supporting documents with a signed and dated personal explanation.		
Have you ever resigned a notary commission or had a notary commission suspended, revoked or otherwise disciplined by the Commonwealth or any other state/jurisdiction preceding the date of this application? If yes, attach full details and appropriate supporting documents with a signed and dated personal explanation.		
Have you ever had any other professional or occupational license suspended, revoked or otherwise disciplined? If yes, attach full details and appropriate supporting documents with a signed and dated personal explanation.		

Note that disclosing your social security number on this application is mandatory for the Department of State to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). To enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare (DPW) information prescribed by DPW about the licensee, including the social security number.

APPLICANT AFFIDAVIT: I am of good moral character and am familiar with the duties and responsibilities of a notary public. I shall furnish additional evidence of these statements, if requested, which shall be satisfactory to the Secretary of the Commonwealth. To the best of my knowledge and belief, this application contains no misrepresentations or falsifications, omission or concealments of material fact and the information given by me is true and complete. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my notary commission.

Applicant Signature (must match name in Part I)

Date

PART III: To be completed by Pennsylvania Senator before application is submitted. It is the applicant's responsibility to obtain the signature of the Senator.

I HEREBY ENDORSE THE APPLICATION OF THIS APPLICANT WHO IS A RESIDENT OF MY SENATORIAL DISTRICT OR, IF NOT A PENNSYLVANIA RESIDENT, WHO IS EMPLOYED IN MY SENATORIAL DISTRICT. (All information below must be completed by the Senator.)

Signature of Senator

District

Date