
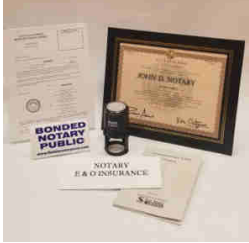


**1<sup>ST</sup> STATE INSURANCE & NOTARY**  
**STATE OF FLORIDA NOTARY PUBLIC APPLICATION ORDER FORM FOR REMOTE ONLINE NOTARY ONLY**  
[www.FloridaNotaryNow.com](http://www.FloridaNotaryNow.com) 786.243.9886 Ext 1003 [service@stonerins.com](mailto:service@stonerins.com)

**COMPLETE REMOTE ONLINE NOTARY APPLICATION COST IS \$188.00\*\***

<b>Choose your RON Package!</b>	<b>REMOTE ONLINE NOTARY PACKAGES INCLUDE:</b> ✓ FLORIDA APPLICATION FEE ✓ 25,000 BOND OF NOTARY PUBLIC ✓ 25,000 E&O ✓ NOTARY STAMP ✓ NOTARY CERTIFICATE ✓ *S/H ✓ FULL CUSTOMER SUPPORT THROUGH YOUR 4 YEAR NOTARY TERM	<b>RECTANGULAR STAMP</b>  188.00	<b>ROUND STAMP</b>  198.00
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**DISCOUNTED ADDITIONAL ITEMS- MAKE YOUR NOTARY SERVICE SHINE!**

<b>Include in your order today and save!</b>	<b>EMBOSSER</b>  29.00 (REGULAR PRICE 36.00)	<b>JURAT</b>  29.00 (REGULAR PRICE 36.00)	<b>JURAT</b>  29.00 (REGULAR PRICE 36.00)
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R.O.N. PACKAGE OPTIONS					
STAMP STYLE	BOND	E&O	PRICE	✓	*****
RON RECTANGULAR STAMP PACKAGE	25,000	25,000	188.00		
RON ROUND STAMP PACKAGE	25,000	25,000	198.00		
<b>Add a Second Stamp- One for the office and one for your brief case! DISCOUNTED PRICE!</b>					
Self-Inking Rectangular Stamp			\$15.00		
Self-Inking Round Stamp			\$20.00		
<b>Additional Items- Make your Notary service shine! DISCOUNTED PRICE!</b>					
Hand Held Embosser (INCLUDED IN THE PROFESSIONAL PACKAGE) REG PRICE \$36.00			\$29.00		
Jurat Stamp (Oath / Affirmation) Self-inking REG PRICE \$36.00			\$29.00		
Jurat Stamp ( Acknowledgement) Self-inking REG PRICE \$36.00			\$29.00		
<b>**GOVERNOR'S APPROVAL</b>					
**Non- Refundable Governors Approval Processing Fee Only if you answer Yes to #6 and/or #7 on the Application!			\$39.00		
<b>EXPRESS ORDERS FOR STAMP ONLY- MUST SHIP TO YOUR STREET ADDRESS!</b>			\$30.00		
<b>ADD YOUR TOTAL PURCHASE HERE</b> \$					
<b>(**Transaction Fee 3% + .45 for Credit Card charges will be added)</b>					
<b>PAYMENT OPTIONS</b>					
<input type="checkbox"/> <b>Check or M.O.</b> <b>PAYABLE TO 1<sup>ST</sup> STATE INSURANCE</b>	<input type="checkbox"/> MC	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX		
CARD HOLDER NAME:	NOTARY NAME:				
BILLING ADDRESS:	CITY:	STATE:	ZIP CODE:		
CC#	EXP Date:	CVC:			
AUTHORIZED CARD HOLDER SIGNATURE: <b>X</b>	DATE:				

## APPLICATION CHECKLIST

PLEASE COMPLETE THE ENTIRE NOTARY PUBLIC COMMISSION APPLICATION

- PLEASE DO NOT LEAVE ANY BLANK SPACES
- AFFIDAVIT OF CHARACTER- Please have this completed and signed by an associate or friend (no immediate relative)**
- BOND OF NOTARY PUBLIC- Name and Signature Only (DO NOT DATE)
- PLEASE DO NOT LIST P.O. BOX AS HOME ADDRESS
- FIRST TIME APPLICANTS- NOTARY EDUCATION CERTIFICATE OF COMPLETION
- NON-U.S. CITIZENS- DECLARATION OF DOMICILE
- PROVIDE VALID EMAIL ADDRESS:
- PLEASE KEEP A COPY OF YOUR APPLICATION PACKAGE

- MAIL YOUR COMPLETED NOTARY PACKAGE TO:  
1<sup>ST</sup> STATE INSURANCE & NOTARY  
42 N. HOMESTEAD BLVD  
HOMESTEAD, FL 33030

**Thank You!**

If you have any questions, please contact us prior to sending in your application package:

786.243.9886 or [service@stonerins.com](mailto:service@stonerins.com)

FYI:

What to expect once we receive your application:

It typically takes about 7-10 business days for the State to commission you; once you are commissioned we will then confirm and place the order for your Notary Stamp (and any other Notary item you purchase). You will receive two (2) packages via 1<sup>st</sup> Class mail\*; 1) your Notary Stamp and 2) your Document package which will include your Notary Certificate and package appropriate items. Please remember they may not arrive at the same time.

\*Express shipping available.

After Commissioning, you will be notified and you can then complete the "Application Registration for Online Notary Public". (Please download from our website [www.FloridaNotaryNow.com](http://www.FloridaNotaryNow.com))

We certainly appreciate your Notary business and we hope we can provide you with our insurance service as well!

**Bundle and Save**  
**AUTO HOME BUSINESS LIFE**  
**insurance & notary**



**NOTARY PUBLIC COMMISSION APPLICATION**  
 Florida Department of State  
 Notary Commissions and Certifications Section (850) 245-6975

**MAILING ADDRESS:**  
 1st State Insurance & Notary  
 42 N Homestead Blvd  
 Homestead, FL 33030  
 www.FloridaNotaryNow.com

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (County) (Zip)

Place of Employment: \_\_\_\_\_  Unemployed  Retired

Business Address: \_\_\_\_\_  
(Street) (City) (State) (County) (Zip)

Mail to:  Home  Business  Other Address: \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip)

E-mail Address: \_\_\_\_\_  
(or write "NONE")

Sex:  Male  Female Race:  Asian  
 Black or African American  
 Native American or Alaska Native  
 White  
 Other: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
(or write "NONE")

Business Phone: \_\_\_\_\_ Extension: \_\_\_\_\_  
(or write "NONE")

Florida Driver License (or other State of Florida Issued ID): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

Social Security Number \_\_\_\_\_

The disclosure of a Florida notary public applicant's social security number is expressly required by Fla. Stat. §117.01(2) and is imperative for processing notary public commission applications. Please be advised that social security numbers are only used for processing the notary public commission application and are exempt from disclosure pursuant to Fla. Stat. §119.071(5)(a)5.

- Are you a legal resident of Florida?  Yes  No (If No, you are not eligible to apply for a Florida notary public commission. Legal residency must be maintained throughout the appointment.)
  - Are you a United States citizen?  Yes  No (If No, you must submit a recorded Declaration of Domicile. Obtain this document from your county courthouse.)
  - Are you a wartime veteran with a disability rating of 50 percent or more?  Yes  No (If yes, you must submit a written request for the fee reduction and provide proof of exemption.)
  - Are you now or have you ever been commissioned a Notary Public in the State of Florida?  Yes  No (If No, you, must complete a 3 hour Notary education course and submit a signed certificate of completion. Fla. Stat. §668.50(11)(b).)
- If Yes: \_\_\_\_\_  
(Commission expiration date) (Commission number) (Name for which your commission was issued)
- Have you held any professional licenses or commissions (other than Notary Public) in Florida during the past 10 years?  Yes  No  
 If Yes, please list: \_\_\_\_\_  
 Have any been revoked?  Yes  No (If Yes, you must submit a written statement about the nature of the action and a copy of the final order from the regulating agency.)
  - Have you been disciplined by a regulatory agency, including the Florida Bar, and including disciplinary action that is confidential?  Yes  No (If Yes, you must submit a written statement about the nature of the action and any supporting documentation, such as a copy of the final order from the regulating agency.)
  - Have you been convicted of a felony or have you had an adjudication of guilt withheld for a felony offense?  Yes  No (If Yes, you must submit a written statement of the nature of the offense(s), a copy of the court judgment and sentencing order. If convicted, you must submit a certificate of Restoration of Civil Rights.) \*Please note applicants are subject to FDLE background checks. Failure to disclose may result in suspension of the notary commission and/or be referred to FDLE. Fla. Stat. §117.01(4)\*
  - Are you currently on probation?  Yes  No

**AFFIDAVIT OF CHARACTER**

STATE OF \_\_\_\_\_ COUNTY \_\_\_\_\_

I, \_\_\_\_\_ am unrelated to and have known \_\_\_\_\_  
(Print or Type Name of Affiant) (Name of Applicant)

for one year or more; and to the best of my knowledge and observation know him or her to be of good character.

My address is \_\_\_\_\_  
(Street) (City) (State) (County) (Zip)

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ X \_\_\_\_\_  
(or write "NONE") (or write "NONE") (Signature of Affiant)


**OATH OF OFFICE**

STATE OF FLORIDA

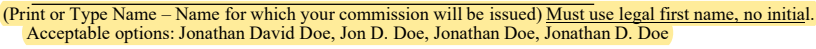
\_\_\_\_\_ COUNTY

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the state; that I have read Chapter 117, Florida Statutes, and any amendments thereto, and know the duties, responsibilities, limitations, and powers of a notary public; and that I will well and faithfully perform the duties of Notary Public, State of Florida, on which I am now about to enter. So help me God\*

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND OATH, AND THAT THE FACTS STATED THEREIN ARE TRUE. I accept the Office of Notary Public, State of Florida.

X \_\_\_\_\_ / /  
(Official Signature of Applicant)            (Date)

: If you affirm, you may omit the words  
"So help me God." Fla. Stat. §92.52.

 (Print or Type Name – Name for which your commission will be issued) Must use legal first name, no initial.  
Acceptable options: Jonathan David Doe, Jon D. Doe, Jonathan Doe, Jonathan D. Doe

 **PRINT YOUR NAME**

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**MEMORANDUM**

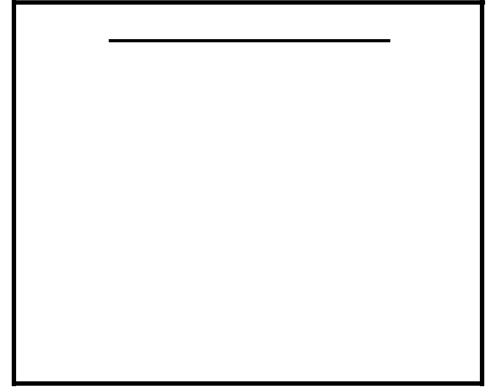
AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS, WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO CERTAIN ENUMERATED PERSONS, INCLUDING, BUT NOT LIMITED TO, PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. (SEE SECTION 119.071, FLORIDA STATUTES) IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR FLORIDA NOTARY PUBLIC COMMISSION APPLICATION SUBMISSION, PLEASE OBTAIN A PUBLIC RECORDS EXEMPTION FORM FROM THE FLORIDA DEPARTMENT OF STATE BY ACCESSING THE FOLLOWING LINK AND FOLLOWING THE INSTRUCTIONS ON THE FORM: <https://dos.myflorida.com/sunbiz/other-services/subpoenas-and-public-records-exemption-requests/>:

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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)  
RLI INSURANCE COMPANY 309-692-1000  
(Imprint name of Surety Company) (Telephone Number)

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\_\_\_\_\_



RLI INSURANCE COMPANY  
(Name of Surety Company)  
9025 N. LINDBERGH DR. PEORIA, IL 61615  
(Address of Surety Company)  
1ST STATE INSURANCE  
(Name of Bonding Agency or Company)  
PO BOX 901475 HOMESTEAD, FL 33090-1475  
(Address of Bonding Agency or Company)  
By:  \_\_\_\_\_  
(Signature of Florida Licensed Agent)  
A255671  
(Florida Licensed Agent Number)  
CHARLES K STONER  
(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.