

**1<sup>ST</sup> STATE INSURANCE & NOTARY**

**2021-22 STATE OF FLORIDA NOTARY PUBLIC APPLICATION ORDER FORM FOR REMOTE ONLINE NOTARY ONLY**

[www.FloridaNotaryNow.com](http://www.FloridaNotaryNow.com) 786.243.9886 [service@stonerins.com](mailto:service@stonerins.com)

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

**Choose your  
RON Package!**

**REMOTE ONLINE NOTARY PACKAGES INCLUDE:**

- ✓ 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

**RECTANGULAR STAMP**



188.00

**ROUND STAMP**

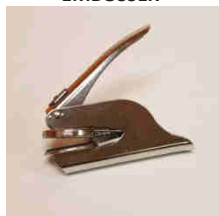


198.00

**DISCOUNTED ADDITIONAL ITEMS- MAKE YOUR NOTARY SERVICE SHINE!**

**Include in your  
order today  
and save!**

**EMBOSSER**



29.00  
(REGULAR PRICE 36.00)

**JURAT**



29.00  
(REGULAR PRICE 36.00)

**JURAT**



29.00  
(REGULAR PRICE 36.00)

**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		

**Add a Second Stamp- One for the office and one for your brief case! DISCOUNTED PRICE!**

Self-Inking Rectangular Stamp	\$15.00		
Self-Inking Round Stamp	\$20.00		

**Additional Items- Make your Notary service shine! DISCOUNTED PRICE!**

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		

**\*\*GOVERNOR'S APPROVAL**

**Non- Refundable Governors Approval Processing Fee Only if you answer Yes to #6 and/or #7 on the Application!	\$39.00		
EXPRESS ORDERS FOR STAMP ONLY- MUST SHIP TO YOUR STREET ADDRESS!	\$30.00		

**ADD YOUR TOTAL PURCHASE HERE**

\$

**PAYMENT OPTIONS**

<input type="checkbox"/> Check or M.O. PAYABLE TO 1 <sup>ST</sup> STATE INSURANCE	<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:		
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

1st State Insurance & Notary  
PO Box 901475  
Homestead, FL 33090-1475  
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")

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.

1. 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.)
2. 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.)
3. 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.)
4. 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)

5. 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.)
6. 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.)
7. 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)\*
8. 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.



\_\_\_\_\_  
(Official Signature of Applicant)



\_\_\_\_\_  
(Date)

\*Note: 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

**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 SOCIAL SECURITY NUMBERS, PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR FLORIDA NOTARY PUBLIC COMMISSION APPLICATION SUBMISSION, PLEASE CHECK THE FOLLOWING BOX:

- Yes, I assert that identifying information provided in this application (other than my social security number, which I am aware is automatically exempt from public disclosure, pursuant to Fla. Stat. §119.071 should be excluded from inspection under Public Records Law.

If Yes, please indicate which section of Florida Statutes provides this exemption from the Public Records Exemption Guide attached:

\_\_\_\_\_  
<https://dos.myflorida.com/media/695951/dos119.pdf>

\*The attached DOS Public Records Exemption Request form is to act a guide to assist applicants and does not have to be submitted if the "Yes" box is not checked.



# FLORIDA DEPARTMENT OF STATE

## PUBLIC RECORDS EXEMPTION REQUEST (REV. 08/2021)

Florida law allows certain persons to request that an agency not publicly disclose specific identification and/or location information contained in any of its agency records. Please refer to sections 119.071(2)(j), (4)(d), and (5)(i), 265.605, and 267.17, Fla. Stat., or other applicable statute for scope of protection which may include home address, phone numbers, photos, name of spouse and/or children, and their place of employment, and/or school or daycare care facility, and date of birth.

**To request the exemption for information contained within records of the Department of State, please complete the form and return to: Secretary of State, c/o Public Records Custodian Director, R.A. Gray Building, 500 S. Bronough St., Tallahassee, FL 32399. For more information, contact 850-245-6536.**

**To request the claim for exemption extend to your spouse and/or children** (not applicable for donor\* or victim\* exemptions) please submit a separate sheet with the name, date of birth, and relationship for purposes of identifying them in any public records within the custody of the Department. (If you have attached supplemental pages check here )

In order to process this request for any of your records that may be in the Division of Corporations, please complete the Addendum for Exemption of Public Disclosure. If you do not have any records with the Division of Corporations that include exempt information please check here .

You will be contacted if the information you provide is insufficient to identify you distinctly from someone else similarly named in the records or if the information provided is insufficient to demonstrate the applicability of a public records exemption.

**I attest that I am an individual covered under Section 119.071, F.S., as, check the appropriate item (only one):**

- |  |    |   |
|--|----|---|
| <input type="checkbox"/> current             | or | <input type="checkbox"/> former             |
| <input type="checkbox"/> spouse of a current | or | <input type="checkbox"/> spouse of a former |
| <input type="checkbox"/> child of a current  | or | <input type="checkbox"/> child of a former  |

**and I hereby request the exemption (check applicable exemption category):**

- |  |   |
|--|---|
| <input type="checkbox"/> Addiction treatment facility, licensed pursuant to Chapter 397, F.S., directors, managers, supervisors, nurses, and clinical employees (s. 119.071(4)(d)2.s)  | <input type="checkbox"/> Dept. of Revenue personnel or local government personnel whose duties relate to revenue collection and enforcement or child support enforcement. (s. 119.071(4)(d)2.a)   |
| <input type="checkbox"/> Child advocacy center, meeting the standards set forth in Chapter 39, F.S., directors, managers, supervisors, and clinical employees and members of a Child Protection Team as set forth in s. 39.303, F.S. (s. 119.071(4)(d)2.t)   | <input type="checkbox"/> Domestic violence centers, certified under Chapter 39, F.S., staff and domestic violence advocates as defined in s. 90.5036(1)(b), F.S. (s. 119.071(4)(d)2.u)  |
| <input type="checkbox"/> Code Enforcement Officer (s. 119.071(4)(d)2.i)  | <input type="checkbox"/> Donor or prospective donor,* Cultural Endowment Program Trust Fund, Citizen Support Organizations or National, Historic Landmarks (publicly owned houses) (sections 265.605 and/or 267.17)   |
| <input type="checkbox"/> County Tax Collector (s. 119.071(4)(d)2.n)  | <input type="checkbox"/> Emergency medical technicians or paramedics certified under Chapter 401, F.S (s. 119.071(4)(d)2.q)   |
| <input type="checkbox"/> Dept. of Business and Professional Regulation-investigators and inspectors (s. 119.071(4)(d)2.m)  | <input type="checkbox"/> Firefighter certified in compliance with s. 633.408, F.S. (s. 119.071(4)(d)2.d)  |
| <input type="checkbox"/> Dept. of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities (s. 119.071(4)(d)2.a)  | <input type="checkbox"/> Guardian ad litem (s. 119.071(4)(d)2.j)  |
| <input type="checkbox"/> Dept. of Financial Services investigative personnel whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations (s. 119.071(4)(d)2.b)   | <input type="checkbox"/> Human resource, labor relations, or employee relations director, assistant director, manager or assistant manager of any local government agency or water management district (s. 119.071(4)(d)2.h)  |
| <input type="checkbox"/> Dept. of Health personnel whose duties support the investigations of child abuse or neglect, determination of benefits, or the investigation, inspection, or prosecution of health care practitioners (s. 119.071(4)(d)2.a)   | <input type="checkbox"/> Impaired practitioner consultants whose duties result in a determination of a person's skill and safety to practice a licensed profession (s. 119.071(4)(d)2.p)  |
| <input type="checkbox"/> Dept. of Health personnel whose duties include, or result in, the determination or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints filed against health care practitioners, or the inspection of health care practitioners or health care facilities licensed by the Department of Health (s. 119.071(4)(d)2.e) | <input type="checkbox"/> Inspector general employees or internal audit department employees whose duties include auditing or investigating waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline (s. 119.071(4)(d)2.r) |
|  | <input type="checkbox"/> Judge - district court of appeal, circuit court and county court, or justice of the Florida Supreme Court (s. 119.071(4)(d)2.e)  |

Judicial or quasi-judicial officer (general and special magistrate, judge of compensation claims, administrative law judge of the Division of Administrative Hearings, and child support enforcement hearing officer) (s. 119.071(4)(d)2.g)

Juvenile probation officer, juvenile probation supervisor, detention superintendent, assistant detention superintendent, senior juvenile detention officer, juvenile detention officer supervisor, juvenile detention officer, house parent I and II, house parent supervisor, group treatment leader, group treatment leader supervisor, rehabilitation therapist, and social services counselor of the Dept. of Juvenile Justice (s. 119.071(4)(d)2.k)

Law enforcement personnel including correctional officers and correctional probation officers (s. 119.071(4)(d)2.a)

Office of Financial Regulation, Bureau of Financial Investigations, investigative personnel whose duties include the investigation of fraud, theft, other related criminal activities, or state regulatory requirement violations (s. 119.071(4)(d)2.c.)

Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor) (s. 119.071(4)(d)2.f)

Public defenders and criminal conflict and civil regional counsel (includes assistant public defenders, assistant criminal conflict and assistant civil regional counsel) (s. 119.071(4)(d)2.l)

U.S. attorney or assistant attorney, U.S. appellate judge, U.S. district court judge and U.S. magistrate (By signature below, person certifies that reasonable efforts made to protect information from being publicly accessible by other means) (S. 119.071(5)(i))

Victim\* of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence [Attach official verification that crime occurred. 5-year exemption. Contact Attorney General's Office (850-414-3990) about eligibility for separate Address Confidentiality Program. See s. 741.465, Fla. Stat]

Other (list applicable statute): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to Section 119.071(4)(d)3., F.S., your request must be notarized. The requestor hereby swears or affirms, under penalty of perjury, that the information contained in the foregoing public record exemption form is true and correct.

**REQUIRED NOTARIZATION SECTION**

STATE OF FLORIDA

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

The foregoing Public Records Exemption Request was sworn to (or 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

\_\_\_\_\_ produced the following identification: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Print, Type, or Stamp Commissioned Name of Notary Public

**ADDENDUM FOR EXEMPTION OF PUBLIC DISCLOSURE  
ONLY FOR DIVISION OF CORPORATIONS RECORDS**

Before the Florida Department of State, Division of Corporations can act on your request it needs the following additional information from you:

1. Complete home address that is to be redacted:
  
2. 

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Are you now or have you ever been listed on the Division of Corporations' records as:
  - a. an officer or director of a corporation? Yes  No
  - b. a managing member or manager of a limited liability company? Yes  No
  - c. a general partner in a limited partnership? Yes  No
  - d. an owner of a fictitious name? Yes  No
  - e. a partner in a general partnership? Yes  No
  - f. a notary? Yes  No
  - g. an owner of a trademark registration Yes  No
  
3. Have you ever had a judgment lien filed against you that would have been filed in this office after October 1, 2001 Yes  No

If you answered "Yes" to one or more of the questions, and the address to be redacted is the **Registered Agent address** you will need to provide the name of the entity, registration or filing and an **alternate Florida street address that can replace the one we currently have in our records**. We cannot have a record with a missing Registered Agent address.

If the address to be redacted is the **principal place of business address for a corporation, limited liability company, or limited partnership** you will need to provide the name of the entity, registration or filing and an **alternate street address that can replace the one we currently have in our records**. We cannot have a record with a missing principal place of business for these entities.

Name/Names of entity or registration:

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Alternate address to replace the one current on our records. Must be a Florida street address for replacing a redacted registered agent address. Must be a street address for replacing a redacted principal place of business for a corporate entity:

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Please return this addendum with the **Public Records Exemption Request** form.  
For questions concerning this addendum, call 850-245-6536.

# STATE OF FLORIDA BOND OF NOTARY PUBLIC

Secretary of State  
Notary Commissions

**FOR OFFICE USE ONLY**  
Approved by Department of State:

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS, That we,

\_\_\_\_\_ as Principal, and  
(Name of Applicant)

**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 Notary Public, in the amount of Seven Thousand, Five Hundred Dollars (\$7,500) as assurance for the due discharge of the duties of his/her office of Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally.

Applicant was, on the date of issuance of commission, bonded as a Notary Public in and for the State 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 Notary Public, as prescribed by law, then this obligation shall be void.

X

(Signature of Applicant)

Signed and sealed this \_\_\_\_\_ 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**

(Address of Bonding Agency or Company)

By X

(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 Seven Thousand, Five Hundred Dollars (\$7,500).**

**After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the notary public commission.**