1ST STATE INSURANCE & NOTARY
STATE OF FLORIDA NOTARY PUBLIC APPLICATION ORDER FORM FOR REMOTE ONLINE NOTARY ONLY

www.FloridaNotaryNow.com 786.243.9886 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
- ✓ FULL CUSTOMER SUPPORT THROUGH YOUR 4 YEAR NOTARY TERM

RECTANGULAR STAMP



188.00

ROUND STAMP



198.00

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			$20.00		
Self-Inking Round Stamp			$25.00		
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 **Add only if you answer Yes to #6 and/or #7 on the Application Question!			$39.00		
SELECT SHIPPING METHOD FOR NOTARY STAMP DELIVERY:			SHIPPING		
☐ **REGULAR MAIL $7.00 *regular mail will be selected if shipping is not marked** ☐ **UPS GROUND $15.00** ☐ **2nd DAY $30.00**					
ADD YOUR TOTAL PURCHASE HERE INCLUDE SHIPPING FEE					$

PAYMENT OPTIONS (CREDIT CARD TRANSATION FEE 3% + .45 WILL BE ADDED)

☐ **Check or M.O. PAYABLE TO 1ST STATE INSURANCE**	☐ MC	☐ VISA	☐ AMEX
CARD HOLDER NAME AND EMAIL ADDRESS:	NOTARY APPLICANT NAME:		
BILLING ADDRESS: CITY:	STATE:	ZIP CODE:	
CREDIT CARD#	EXP Date:	CVV:	
AUTHORIZED CARD HOLDER SIGNATURE: **X**	DATE:		

APPLICATION CHECK LIST

- ☐ **NOTARY PUBLIC APPLICATION- NO BLANKS, PLEASE DO NOT LIST A P.O. BOX AS HOME ADDRESS**
- ☐ **PERMANENT NON-U.S. CITIZENS- MUST INCLUDE A RECORDED DECLARATION OF DOMICILE. Please check with your local county clerk's office or county courthouse recording office for this document.**
- ☐ **FIRST TIME APPLICANTS- INCLUDE SIGNED NOTARY EDUCATION CERTIFICATE OF COMPLETTION**
- ☐ **AFFIDAVIT OF CHARACTER – TO BE COMPLETED BY SOMEONE UNRELATED TO YOU AND HAVE KNOWN YOU FOR 1 YEAR OR LONGER (SPOUSE CANNOT COMPLETE THIS SECTION)**

- ☐ **OATH OF OFFICE -SIGN WITH ORIGINAL WET SIGNATURE, PRINT NAME UNDERNEATH SIGNATURE, PROVIDE DATE AND COUNTY. MUST INCLUDE ORIGINAL WET SIGNATURE**

- ☐ **BOND OF NOTARY PUBLIC- PRINT NAME (NAME OF REGISTRANT) AND SIGNATURE (SIGNATURE OF REGISTRANT) (Do not date) INCLUDE WET SIGNATURE**

- ☐ **PROVIDE VALID EMAIL ADDRESS AND CONTACT TELEPHONE. PLEASE VERIFY MAILING ADDRESS IS CORRECT (We will not be held responsible for lost packages due to incorrect or incomplete address)**

- ☐ **Do not submit applications via email or fax. Original applications must be physically mailed to our office.**

- ☐ **Processing time takes approximately 3 weeks for you to receive your items in the mail. You will receive two separate packages. Notary seal will be shipped separately from your notary certificate and E&O policy (if applicable). We will send you updates throughout the process. Please check your email account periodically including SPAM/JUNK folder.**

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

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)

Sex: ❑ Male ❑ Female

Race: ❑ Asian ❑ Black or African American ❑ Native American or Alaska Native ❑ White ❑ Other: _____

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 proofof 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.

X_____ SIGN HERE _____/_____/_____
(Official Signature of Applicant) (Date)

_____ PRINT YOUR NAME
(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

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

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/:

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.