

### Read instructions before completing this application. Please type or print information clearly.

## 1. Applicant's Name (as it will appear on the commission):

First	Middle (Optional)		Last		
2. Applicant's Home	Contact Information:				
House Number	Street Name	City	State	ZIP Code	
Home Phone Number		Home Email Address	S		
3. Applicant's Employer Contact Information:		Employer's Name	Employer's Name		
Building Number	Street Name	City	State	ZIP Code	
<ul> <li>Home Contact I</li> <li>If applicant has provident to the provident of the</li></ul>	Method: Designate preferred con nformation	Applicant's Work Email A ntact method. If no designation is stact Information different from home contact inforr State's Web site. Does applicant w ions as stated in Iowa Code sectio ident of, a state borde	made, home contact info mation, applicant may opt rish to exercise this optior on <u>9B.21 (2)</u> :	t to shield home h: □ Yes □ No	
🗌 Yes 🔲 No		Vill applicant be performing notaria		ctronic records:	
•		licant intends to use:			
7. Bilingual Notary R	egistry: Does applicant wish to h	nave name placed on a list of biling	jual notaries: 🛛 Yes	🗆 No	
If "Yes", list the lan	guage(s) in which applicant is flue	ent:			
8. Affirmation and S	ignature:				
the state of Iowa, I wi		pport the Constitution of the Uni narge the duties of notary public lowa Code chapter 9B and admi	according to the best of	of my ability, and	

Applicant's Signature

Date

9. Fee: \$30.00. Make check payable to SECRETARY OF STATE.

Applicants filing by paper may obtain a copy of Iowa Code chapter 9B at the following website: https://www.legis.iowa.gov/DOCS/ACO/IC/LINC/Chapter.9B.pdf

may not notarize any documents until I have received my notary commission from the Secretary of State.



## MATT SCHULTZ Secretary of State State of Iowa

# Instructions for Application for Appointment as Notary Public

Incomplete or incorrect applications will be returned. A notary commission for a resident is 3 years; nonresident is 1 year. If any information on this application changes during the duration of the commission, the Secretary of State must be notified within 30 days of the change. Records of Iowa notaries are public record.

**1. Applicant's Name:** Documents must be notarized using the name that appears on the commission (e.g. if a middle initial is provided on this form it must be included during notarizations). A stamp or seal must be used when notarizing documents. The name on the stamp or seal must be identical to the name that appears on the notary's commission.

2. Applicant's Home Contact Information: Provide complete home address, phone number, and email address.

**3.** Applicant's Employer Contact Information: Provide name of applicant's employer, employer's complete address, applicant's work phone number, and work email address.

4. Preferred Contact Method: Check box to indicate applicant's preferred contact method. If box is not checked, home address will be designated. If applicant has provided business contact information different from home contact information, applicant may opt to shield home contact information from display on the Secretary of State's Web site. Check box to indicate if applicant would like to exercise this option.

**5.** Qualifications: Check boxes to indicate whether applicant meets all the requirements as stated in Iowa Code section <u>9B.21(2)</u> and administrative rules in 721-chapter 43, and whether applicant is a resident of Iowa or resident of a state bordering Iowa with place of work or business within the state of Iowa. If applicant is not a resident of Iowa, print the abbreviation for the bordering state in which the applicant resides.

Applicants filing by paper may obtain a copy of Iowa Code chapter <u>9B</u> at the following Web site: <u>https://www.legis.iowa.gov/DOCS/ACO/IC/LINC/Chapter.9B.pdf</u>

6. Electronic Records – Effective January 1, 2013: Check box to indicate whether applicant will be performing notarial acts with respect to electronic records. If "Yes", identify the tamper proof technology the applicant intends to use.

**7. Bilingual Notary Registry:** Check box to indicate whether applicant wishes to have name placed on a list of bilingual notaries. If "Yes", identify the languages in which applicant is fluent. This information is used by notaries and the public for referral of clients who do not speak English or have documents in languages other than English which require notarial services.

8. Affirmation and Signature: Applicant must affirm the statement by signing the completed application.

9. Fee: \$30.00. Make check payable to SECRETARY OF STATE

**DURATION OF COMMISSION:** For an lowa resident, a notary commission is effective for 3 years from the date of commission. For a resident of a bordering state, a notary commission is effective for 1 year from the date of commission.

**CHANGES:** If any information contained on this application changes during the term of your notary appointment, you are required to notify the Secretary of State within 30 days.

NOTICE: Iowa notary public records are available to the public.

Deliver completed application and \$30.00 fee to:

#### SECRETARY OF STATE

Notary Division Lucas Building, 1<sup>st</sup> Floor Des Moines, IA 50319

Phone: (515)281-5204 Fax: (515) 242-5953 Website: sos.iowa.gov