

**Kansas Notary Technology Provider Application**

**Providers may submit this application to the Kansas Secretary of State via e-mail at** **notary@ks.gov****. Please include “Provider Application” in the subject line. Applications may be submitted by mail to: Kansas Secretary of State, Memorial Hall, 1st Floor, 120 SW 10th Avenue, Topeka, KS 66612.**

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Provider Name

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Provider Physical Address

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Provider Mailing Address

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Name and Title of Principal Contact

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Contact Phone Number Contact Email

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Provider Website

Provider will Offer:

\_\_\_\_\_ IPEN \_\_\_\_\_ RON \_\_\_\_\_ Digital Certificate \_\_\_\_\_ Repository for Notary Journal

 \_\_\_\_\_ Tangible Medium

 \_\_\_\_\_ Electronic Format

1. Is the provider registered to do business in Kansas? \_\_\_\_\_\_\_\_ If yes, provide the business identification number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. List the link to a demonstration of the provider’s solution(s).

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3. List the link to or attach an example of the notarial stamp and signature provided by the provider.

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4. List the states and authorizing agencies where the provider’s solution(s) listed above is in use (or states that have approved or endorsed the provider’s solution).

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5. Is the provider’s RON solution MISMO certified? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ In-process

6. Describe the technology used to ensure the provider’s compliance with K.S.A. 53-5a01 - 53-5a31 and KA.R. 7-43-7 – 7-43-24.

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7. Describe how the Kansas Secretary of State and other users will be able to electronically authenticate the notary’s electronic stamp and signature.

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8. Describe the process and steps the provider uses to authenticate the notary.

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9. Describe the plan for disposition, including but not limited to the retention and storage of documents, journals, recordings, etc., if technology provider no longer provides the technology system or solution.

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10. What is the provider’s process and timeframe for suspending the software license for suspended, revoked, or expired IPEN or RON notary commissions?

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By submitting this application, the provider agrees to:

1. Comply with the laws, regulations, and policies that govern Kansas notaries public.
2. Promptly notify the Kansas Secretary of State of any change in technology that places the provider out of compliance with any law or regulation governing Kansas notaries public.
3. Prohibit the use of any IPEN or RON system or solution for any Kansas notary public whose commission is not verified to be in an active status by the Kansas Secretary of State’s Office.
4. Promptly notify the Kansas Secretary of State by submitting this form if any information provided herein changes during the period in which the provider is providing a solution(s) for use by a Kansas notary public and indicate the change that has occurred.
5. Promptly notify the Kansas Secretary of State if the solution becomes obsolete or the company becomes insolvent and describe how document and notarization authenticity and integrity will be maintained.

I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.

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Agency Representative’s Signature Date

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Agency Representative’s’ Name (printed)