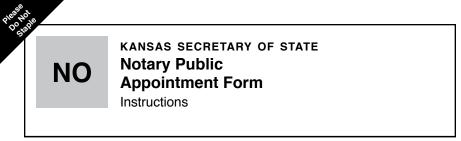


The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

IMPORTANT: This appointment form must be submitted by mail and include the \$25 filing fee. If renewing your notary appointment, please do not submit this form before 90 days prior to your expiration date. You are not a notary until you receive your notary certificate from the Kansas Secretary of State.

## A. Personal Information (required before submitting) K.S.A. 53-102

•	Filing fee	Submit this form with the \$25 filing fee for the notary appointment form.				
•	Payment	Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash.				
		Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:				
		Credit card number				
		Billing zip code Expiration date				
		NOTICE: There is a \$25 service fee for all returned checks.				
•	Appointment	Mark if this is a new appointment or if this is for reappointment.				
•	Expiration date	Enter the expiration date of the applicant's last appointment if he or she is currently a Kansas notary public or has ever been a Kansas notary public.				
•	Applicant name	The name in item 1 must match exactly to the name printed on the notary stamp in item 7. Prefixes (Doctor, Father, Mrs.) are not acceptable. To use initials for the first name, you must submit a photo copy of a government-issued ID that shows an initial as a first name. We recommend that your name be listed as it is listed on your state-issued driver's license or identification card. <b>K.S.A. 53-105</b> .				
•	Residential address	Enter the street address of the residence of the applicant. This must be a physical street address – no post office boxes will be accepted. Kansas statutes require the notary certificate be mailed to the notary's residential address upon appointment.				
•	Mailing address	This is an optional address that may be provided if mail cannot be received at the residential street address.				
•	Daytime phone	Enter the applicant's daytime telephone number. (Required)				
•	Secondary phone	Enter the applicant's secondary telephone number. (Optional)				
•	Seal/stamp impression	Affix an impression of the notary stamp that the applicant will be using. If the applicant chooses to use more than one stamp, an impression of each must appear in the space provided. The applicant may either use a "seal press" (impression seal) with the impression to be blackened, or a rubber stamp to be used with permanent ink. The seal must include the applicant's name and the words "Notary Public" and "State of Kansas." "My appointment expires" also may be included. Do not include the county within the seal. Although you must obtain your seal or stamp before completing the appointment process, you will not be authorized to notarize documents until you receive your certificate of appointment from the Secretary of State. The name on the stamp must match the name entered on the appointment form in item 1.  K.S.A. 53-105. Stamps can be obtained from most office supply stores.				



### B. Oath (Required before submitting) K.S.A. 53-102

● Signature	The applicant must sign the appointment form after reciting the oath in the presence of a legally authorized notary public. The alternative affirmation in parentheses may be recited instead of the italicized commencement and conclusion of oaths. <b>K.S.A.</b> 54-104.				
State/County	The notary completing the oath (notarizing the applicant's signature) should complete the state and county in which the notarization takes place. <b>K.S.A. 53-508</b> .				
Date administered	The notary public who is notarizing the appointment form must complete the date the oath was administered. <b>K.S.A.</b> 53-508.				
Notary's commission	The notary public who is notarizing the appointment form must enter the date his or her notary commission expires. <b>K.S.A. 53-508</b> .				
Notary's signature/seal	The notary public who is notarizing the appointment form must sign the document and affix his or her notary seal in the space provided above his or her signature. <b>K.S.A. 53-508</b> .				

### C. Notary Surety Bond (Required before submitting) K.S.A. 53-102

Surety bond	The law requires a notary public to be bonded in the sum of \$7,500 for a four (4) year period automatically coinciding with the appointment. The bond must be a commercial surety bond from an insurance company licensed to do business in Kansas. <b>The surety company must complete this section.</b>				
Surety name & address	Enter the name and physical address of the commercial surety company.				
Surety signature	The signature should be completed by the Attorney-in-Fact from the insurance company and also the date he/she signed the bond. An insurance company must affix a corporate seal or attach its Power of Attorney.				

Additional Information: Please review the Kansas Notary Public Handbook for information regarding Kansas notaries.

For a change of name, home or mailing address, stamp, or cancelation of the commission bond, please file a form NC.

# KANSAS SECRETARY OF STATE **Notary Public** NO **Appointment Form** Memorial Hall, 1st Floor (785) 296-4564 120 S.W. 10th Avenue notary@ks.gov Topeka, KS 66612-1594 https://sos.kansas.gov IMPORTANT: This appointment form must be submitted by your notary appointment, please do not submit this form be are not a notary until you receive your notary certificate fro New appointment Please check one: Exp Month (You A. Personal Information 1. Applicant's name (Must match name on the seal in Item 7.) Pre

Zip

5. Secondary phone (Optional)

2. Residential street address (P.O. box is not acceptable.)

7. Affix an impression of applicant's seal/stamp (Name on seal/stamp must match applicant's name in Item 1.)

State

Residential Street Address

4. Daytime phone (Required)

City

		62-01				
by mail and incl n before 90 days from the Kansas	ude the \$2 prior to yo	our exp	fee irati	. If r	enewi	•
☐ Reappointmen	nt					
Expiration date of your	most recent Kai	nsas appoi	ntme	nt:		
Month	Day		Year			
(Your current expiration dat	e must be used u	ntil the date	of exp	oiration	has pass	ed.)
Previous name (If y	our name has ch	anged from	the pr	evious	appointm	ent.)
3. Mailing addres	<b>S</b> (Optional)					
Street Address						
City		State		Zip		
6. This section m	ust be com	pleted.				
Are you at least 18	years of age	?			☐ Yes	□ No
a state bordering K on a business or p	Are you a resident of Kansas or a resident of a state bordering Kansas who regularly carries on a business or profession in this state or is regularly employed in this state?				□ No	
<ul> <li>Are you able to real language?</li> </ul>	d and write th	ne English	ı	ļ	☐ Yes	□ No
Have you ever bee of a lesser offense of a nature incomp	involving mor	al turpitud	de or		☐ Yes	□ No



☐ Yes ☐ No

notary public? A conviction after a plea of nolo contendere is deemed to be a conviction.

Have you ever had a revocation, suspension or denial of a professional license for misconduct,

dishonesty or any cause substantially relating to the duties or responsibilities of a notary public?

# B. Oath I do solemnly swear\* (sincerely and truly declare and affirm), under penalty of perjury, that the answers to all questions on this application are true and complete to the best of my knowledge, and that I am qualified to be appointed and commissioned as a Kansas notary public. 8. Applicant's signature 9. State of County of (Seal)

				(	Seal)
10. Signed	and sworn (or affi	rmed) to before me	on:		
Month	Day	Year			
11. My app	ointment expires:		12. Nota	ary's signature	
Month	Day	Year			
* You may sa	ay the phrase inside t	he parentheses instea	ad of the italicized words	S.	
C. Notary	Surety Bond (T	he surety company r	nust complete this sec	tion)	
Know All Per	sons By These Prese	ents: That we, the abo	ve-named applicant as	principal and	
13. Name a	and address of sure	ety company			
Street Address					
City			State	Zip	

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 Kansas, to hold office for the term of four years in accordance with the 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. Further, we, the surety company, understand that we are required by K.S.A. 53-120 to report to the secretary of state the outcome on any claim filed on this bond.

14.	Signature of <i>I</i>	Attorney-in-Fact		
Date				(Corporate Seal)**
Month		Day	Year	

<sup>\*\*</sup> Attach corporate seal or submit with the Power of Attorney.