



Montana Secretary of State
 Certifications and Notary Services
 PO Box 202801
 Helena, MT 59620-2801

MONTANA NOTARY PUBLIC APPLICATION

For Office Use Only

PART I: Applicant Information (NOTE: Employer/Business contact information will be public record. If no Employer/Business phone number is provided, the Home/Cell phone number will be public record.)

| | | |
|---|-----------------------|----------------------------|
| Enter Name exactly as it appears on attached Bond | Enter NEW Bond Number | Date of Birth (mm/dd/yyyy) |
|---|-----------------------|----------------------------|

| | |
|--|---|
| Home/Cell Telephone Number (include area code) | Primary Email Address (Mandatory - your Certificate of Commission will be sent to this e-mail address): |
| Alternate Personal Contact Number: | Secondary Email Address: |

| | | | |
|----------------------|------|-------|----------|
| Home Mailing Address | City | State | Zip Code |
|----------------------|------|-------|----------|

| | | | |
|------------------------------|------|-------|----------|
| Physical/Residential Address | City | State | Zip Code |
|------------------------------|------|-------|----------|

| | |
|--|---|
| Name of Employer/Business or Alternate Contact Person (If you are self-employed or not employed you must provide the name, address and phone number of an alternate contact person): | Employer/Business or Alternate Telephone Number (include area code) |
|--|---|

| | | | |
|--|------|-------|----------|
| Employer/Business or Alternate Address | City | State | Zip Code |
|--|------|-------|----------|

Check this box if you do not want your name shown in the "Find Notaries in a Specific City" list at <http://NotarySearch.mt.gov>

PART II: History (Check appropriate box)

Have you ever been commissioned as a Montana Notary Public? YES ___ NO ___ If "Yes", complete the following:

| | |
|---|----------------------------|
| Name on most recent Certificate of Commission | Commission Expiration Date |
|---|----------------------------|

PLEASE ANSWER THE FOLLOWING:

| | YES | NO |
|---|--------------------------|--------------------------|
| Within the last 10 years, have you been convicted of a felony or crime involving fraud, dishonesty or deceit? | <input type="checkbox"/> | <input type="checkbox"/> |
| Within the last 10 years, have you been found in any legal proceeding or disciplinary action to have acted fraudulently, dishonestly, or deceitfully? | <input type="checkbox"/> | <input type="checkbox"/> |
| Within the last 10 years, have you had a notary commission denied, revoked, or restricted in any state? | <input type="checkbox"/> | <input type="checkbox"/> |

If you checked "Yes" above, attach a detailed, written explanation and ALL associated documentation.

PART III: Technology-Based Notarization (Remote, RON, or IPEN)

Will you be performing notarial acts using communications technology or electronic notarization systems? YES ___ NO ___

If "Yes," identify the provider(s) of the approved technology system(s) you intend to use:

Provider _____ Type of Notarization REMOTE ___ RON ___ IPEN ___

Provider _____ Type of Notarization REMOTE ___ RON ___ IPEN ___

When will you begin using the system(s)? _____

CHECK TO MAKE SURE YOU HAVE COMPLETED THIS FORM AND CAN ENCLOSE ALL THE OTHER REQUIRED DOCUMENTATION AND THE FILING FEE BEFORE SUBMITTING YOUR PAPERWORK