



**APPLICATION FOR CERTIFICATION OF
NOTARY PUBLIC TRAINING PROGRAM/PROVIDER**

Name of Provider _____

Name of Primary Contact Person _____

Phone Number _____ FAX _____

Address Street _____ Suite Number _____

PO Box _____

City _____ State _____ Zip _____

Email Address _____

Website URL _____

In order to provide services to the public, you must be a registered business entity in the State of Montana

Montana Business Filing Number _____

Have you or your organization ever conducted any type of training for Montana notaries? _____

Do you or your organization currently provide notary training in Montana? _____

Do you or your organization currently provide notary training in any other state? _____

If yes, please indicate which states _____

Please indicate the type of training provided (live, webinars, online) _____

What type of training do you intend to offer to Montana applicants/notaries (Indicate all that apply):

___ Live classes for the public

___ Webinars for the public

___ Online training for the public

___ Live classes for employees of your
organization only

___ Webinars for employees of your
organization only

___ Online training for employees of your
organization only

___ Live classes on a private contract
basis

___ Webinars on a private contract
basis

___ Online training on a private contract
basis

Please Include the following attachments

___ Copies of lesson plans or syllabus for ***each type*** of course offered

___ Copies of all handouts or printed material supplied

___ CD or Flash Drive of online or web-based programs

___ Copies of all printed or downloadable documents associated with online or web-based programs

___ Names and brief relevant resumes of all trainers who will be presenting your programs or courses

Signature of Authorized Person

Date

Type or Printed Name

Title