



**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):

- | | | |
|---|---|--|
| <input type="checkbox"/> Live classes for the public | <input type="checkbox"/> Webinars for the public | <input type="checkbox"/> Online training for the public |
| <input type="checkbox"/> Live classes for employees of your organization only | <input type="checkbox"/> Webinars for employees of your organization only | <input type="checkbox"/> Online training for employees of your organization only |
| <input type="checkbox"/> Live classes on a private contract basis | <input type="checkbox"/> Webinars on a private contract basis | <input type="checkbox"/> 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