



**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