Application for Certification of Notary Training Platform

SECTION 1: APPLICANT DETAILS

Platform Name: _____

Secretary of State Filing Number: _____

Website URL: _____

_____

Residential Address *City* *Zip Code*

_____

Mailing Address *City* *Zip Code*

Primary Contact Phone/Email: _____

SECTION 2: PLATFORM DETAILS

Has this organization previously conducted any type of training for Montana notaries? _____

If this organization currently provides training in Montana or in other states, please list the states. _____

_____

Please select all fields indicating training this organization intends to offer:

- ☐ *Live classes*
- ☐ *Webinars*
- ☐ *Online training*

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*
- ☐ *Link to 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 the programs or courses*

_____

Printed Name/Title of Authorized Personnel

_____

Signature Of Authorized Personnel

Dated on this _____day of_____, 20 _____