



NOTARY BOND
SECRETARY OF STATE
 SFN 19355 (03-2013)

BOND NUMBER _____

Secretary of State	
State of North Dakota	
600 E Boulevard Ave Dept 108	
Bismarck ND 58505-0500	
Telephone	701-328-2901
Toll Free	800-352-0867
	Ext 328-2901
Fax	701-328-0107

INSTRUCTIONS:

1. For reference, see North Dakota Century Code, Chapter 44-06.1.
2. In compliance with the Federal Privacy Act of 1974, the disclosure of the social security number on this form is voluntary. It is not disclosed to the public. The numbers are used by the Secretary of State to maintain accurate notary files. Therefore, while voluntary disclosure is requested, failure to do so will not invalidate this notary bond.
3. Please type or print the requested information. You must sign the form in the presence of a notary public.
4. This six year notary bond must be in the amount of \$7,500.00. The bond may be obtained from any surety company of your choice.
5. The applicant and a representative of the surety company must sign this form before a Notary Public other than the applicant.

Legal Name of Applicant		Social Security Number	
Residential address of Applicant	City	State	Zip Code
Name of Surety Company		Federal ID Number	
Address	City	State	Zip Code

ACKNOWLEDGEMENT OF PRINCIPAL (APPLICANT)

I, the undersigned principal (applicant) do hereby hold and firmly bind myself unto the people of the State of North Dakota in the penal sum of SEVEN THOUSAND FIVE HUNDRED DOLLARS for the payment of which I bind myself, my heirs, executors, administrators and assigns, firmly by these presents. The condition of the foregoing obligation is for my appointment as a Notary Public within and for the State of North Dakota. If I perform the duties of Notary Public according to the law, then this obligation becomes null and void, otherwise it remains in full force and effect.

_____/_____
 Applicant Signature Date

State of _____
 County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, A.D. 200

by _____
 Applicant Name

 Notary Public

My Commission expires: _____

(Notary Seal /Stamp)

ACKNOWLEDGEMENT OF SURETY

As a representative of the above named surety company, I hereby acknowledge that we are held and firmly bound unto the people of the State of North Dakota in the penal sum of SEVEN THOUSAND FIVE HUNDRED DOLLARS for the payment of which is binding on our company our heirs, executors, administrators and assigns, firmly by these presents. The condition of the foregoing obligation is for the appointment of the principal (applicant) as a Notary Public within and for the State of North Dakota. (NOTE: If attorney-in-fact executes the bond on behalf of a surety company, a proper authority of such attorney-in-fact must be provided.)

_____/_____
 Surety Company Representative Signature Date

State of _____
 County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, A.D. 200

 Name of Surety Company Representative

 Notary Public

My Commission expires: _____

(Notary Seal /Stamp)

If a bond is furnished by a foreign surety company, resident agent may sign here.

 Resident Agent Signature



NOTARY APPLICATION

SECRETARY OF STATE

SFN 11001 (01-2013)

FILING FEE: \$36.00



For Office Use Only

ID Number:	
WO Number:	
Filed:	By:
Expiration Date:	
Secretary of State State of North Dakota 600 E Boulevard Avenue Department 108 Bismarck ND 58505-0500 Telephone: 701-328-2901 Toll Free: 800-352-0867 Extension 328-2901 Fax: 701-328-0107 Website: www.nd.gov/sos	

For reference, see North Dakota Century Code, Chapter 44-06.1.

SEE INSTRUCTIONS FOR FEES, FILING AND MAILING INFORMATION

1. Prefix <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		2. Applicant's Name (as signed in number 14 below)		3. Social Security Number	
4. Home Mailing Address			City	State	ZIP Code
5. Work Mailing Address			City	State	ZIP Code
6. Home Telephone Number	7. Work Telephone Number		8. Email Address		
9. Spouse's Complete Name (if applicable)			10. If applicant is not a North Dakota resident, list the following: <small>(County and State of Residence) (North Dakota city where applicant works)</small>		
11. Type of Application <input type="checkbox"/> New Appointment <input type="checkbox"/> Reappointment				12. Previous Expiration Date (if applicable)	
13. ALL applicants must answer the following questions. If YES, attach a written explanation and ALL legal documentation, if applicable.					
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been the subject of any inquiry or investigation by any agency of the State of North Dakota?			
<input type="checkbox"/>	<input type="checkbox"/>	Have you or has any occupational license held by you been censured, suspended, revoked, cancelled, terminated or been subject to any type of administrative action in any state, including North Dakota?			
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of or entered a plea to any criminal offense (felony, misdemeanor or infraction) <u>other than</u> traffic violations, in any State or Federal Court?			
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been a defendant in any lawsuit involving claims of fraud, misrepresentation, coercion, mismanagement of funds, breach of fiduciary duty or breach of contract?			
AFFIDAVIT OF QUALIFICATIONS AND OATH OF OFFICE (in presence of a commissioned notary)					
I, the undersigned, being first duly sworn, hereby state that I am over the age of eighteen, a citizen or permanent resident of the United States, a North Dakota resident, am employed in North Dakota or reside in a county that borders North Dakota and which is in a state that extends reciprocity to a Notary Public who resides in a bordering county of this state, and that I desire to become a commissioned notary public in the State of North Dakota for a period of six years.					
I do solemnly swear (or affirm) that I will support the Constitution of the United States, and the Constitution of the State of North Dakota and that I will faithfully discharge the duties of the office of Notary Public according to the best of my ability, so help me God or under pains and penalties of perjury.					
14. Signature (as provided in number 2 above)				Date	

State	County
Signed and sworn to (or affirmed) before me on	Date
Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date (if not listed on stamp)	

(Notary Stamp)