Form 2301—General Information (Application for Appointment as Texas Notary Public)

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant code provisions. This form and the information provided are not substitutes for the advice and services of an attorney.

Commentary

Notaries Public are governed primarily by Chapter 406 of the Texas Government Code, Chapter 121 of the Texas Civil Practice & Remedies Code, and the Secretary of state's administrative rules found in Title 1, Chapter 87 of the Texas Administrative Code. Section 406.005 of the Government Code sets forth the requirements for a notary public application.

Notary commissions are effective as of the date of qualification of the applicant. Commissions expire four (4) years from the date of issuance and may be renewed by filing an application for renewal no earlier than 90 days before expiration. *This form is required for both new applications and renewals for Texas residents who are not employed by the state of Texas.* State employees should complete Form 2301-NB, available from the State Office of Risk Management. Escrow officers residing in adjacent states should complete Form 2301-E.

Instructions for Form

Identifying Information: You must enter your name exactly as you intend to sign documents as a notary public. Your commission will be issued in the name on the application.

The disclosure of your social security number is mandatory under § 406.005(a), Government Code. It will be used only to maintain the accuracy of the Secretary of state's records. The Secretary of state will redact the social security number prior to providing a copy of this form in response to a public information request and will disclose the number only when required by law.

A document on file with the Secretary of state is a public record subject to public access and disclosure. When providing address information, use a business or post office box address rather than a residence if privacy concerns are an issue.

Provide your email address for electronic return of your commission. You will not receive materials by mail and the Office of the Secretary of state may use your email address to send correspondence.

Statements Relating To Qualification: By signing the application, the applicant swears to meeting the qualification requirements for the office of a notary public. A notary public must be at least 18 years of age, be a legal resident of Texas, and not have a final conviction for a felony or a crime involving moral turpitude.

When reporting criminal history on this form, you must disclose findings of guilt, or pleas of guilty or nolo contendere from any jurisdiction, including state and federal courts, military tribunals, and jurisdictions outside the U.S., regardless of whether the case has been appealed. Class C misdemeanors need not be disclosed. If you are unsure of the class of a crime or whether you were found guilty, disclose the crime and explain the circumstances.

Applications are subject to background investigations. If a background investigation reveals any crimes (other than a Class C misdemeanor) that you failed to disclose on your application, denial or revocation of your notary commission may result.

Notary Public Surety Bond: A notary public must secure a \$10,000 surety bond. An authorized person for the surety company providing the bond must sign in the space provided. To obtain the signature, take the form to an insurance agency or bonding company for completion, unless it is preprinted with the name and address of an insurance agency/surety company. If it is preprinted, return it to the agency specified on the bond for completion. Only a bond written by a company licensed in Texas to issue fidelity and surety bonds will be accepted.

A premium will be collected by the company from which you purchase the bond. Check with the surety company for the premium rate.

Attachments: The following items *must* be included with the application: (1) attachments regarding criminal convictions, if any; and (2) filing fee of \$21. All applications submitted are subject to background checks upon receipt in our office.

Payment and Delivery Instructions: The filing fee for a new or renewal application is **\$21.** Fees may be paid by personal checks, money orders, LegalEase debit cards or American Express, Discover, MasterCard, and Visa credit cards. Checks or money orders must be payable to the Secretary of state through a U.S. bank or financial institution. Fees paid by credit card are subject to a statutorily authorized convenience fee of 2.7 percent of the total fees.

The completed form, along with the filing fee and any attachments, may be mailed to the Notary Public Unit, P.O. Box 13375, Austin, Texas 78711-3375 or delivered to the James Earl Rudder Office Building, 1019 Brazos, Austin, Texas 78701. The Secretary of state will issue a notary commission upon filing of a completed, qualified application.

Bond forms change; this is for educational purposes only

Form 2301 1 Revised 04/2013



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If renewing, mark this box:	APPLICATION FOR APPOINTMENT AS							
Commission Expires: / /	TEXAS NOTA	TEXAS NOTARY PUBLIC						
	Identifying l	Information						
	Please Type or							
Name to be used as notary public. (Th	ia ia tha nama wan will ba naan	ined to sion when notoni	(mino)	Social Security No.				
Name to be used as notary public: (Th	is is the name you will be requ	urea to sign when notari	zing)	Social Security No.:				
Last First Middle (not required)			Suffix	Required by TX Gov't Code §406				
Mailing Address: (Please notify the sec	retary of state of an address cl			Residence County:				
Street	City	TX State Zip						
Email address for return of commissi	·	Line Zip						
(Your commission will come from notary		x.us and you will NOT re	ceive materials	by mail.)				
A1		X/						
Alternate email address for return of c	ommission (optional):	★						
Date of Birth: / /	_ Driver's License or Ident	tification No.:		Issuing state:				
		T O War II						
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I, <u>the above-named applicant</u> , have r of age and a legal resident of Texas.		•		pitude, am at least 18 years				
Please select one of the following:			,					
A. I have been found guilty of a	a crime other than a Class C	C misdemeanor. (Appli	cants selectin	g this option must attach the				
following for each crime: (1)	copies of court order and ser	ntence, and papers pert	aining to relea	ase from probation; and (2) a				
statement of (i) the nature, ci crime involving moral turpitu								
B. I have never been found guil								
violations such as speeding.								
	Notary Public							
KNOW ALL PERSONS BY THESE PR	(This space reserved for a RESENTS:	gency/bonding company)						
That we, the above-named applicant	, as principal, and			, as surety, a corporation				
duly licensed to do business in the sta successors in office, in the sum of TEN								
heirs, executors and administrators join								
duties of the office of notary public.		BOND N	JMBER:					
Agency Name:	Address:		City	State Zip				
Date:	Street		City	<i>Sittle Σί</i> ρ				
Date.	Ciarri		£					
	Signature of authorized person for surety Statement of Officer							
I, the above-named applicant, do s			indirectly pai	d, offered, promised to				
pay, contributed, or promised to contr								

or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

Execution

I declare under penalty of perjury that the facts in the foregoing Statement of Officer are true. I further certify that the information provided in and with this Application is true and correct and that I am not disqualified by law or any other reason from holding the office of notary public. I agree to be bound by the terms and conditions of the incorporated surety bond.

Signature of Applicant (sign in name given above on line #1 to be used as notary public)

SURETY BOND APPLICATION

AGENCY NAME:			AGENCY CONTA	\СТ		
AGENCY PHONE:	AGENCY FA	AGENCY FAX: E-MAIL:				
AGENCY ADDRESS:						
(Street)	TELOOVING TO DEAT		(City)	(State)	(Zip)	
CURRENT OR EXPIRING QUOTE WE AF	RE LOOKING TO BEAT?					
NAME OF PREVIOUS SURETY COMPAN	IY WRITING THE BOND	?				
SECTION I: BOND APPLIED FOR: TYPE OF BOND:		AMOUNT:				
OBLICEE:			EXP.DA			
OBLIGEE ADDRESS: (Street)						
BUSINESS NAME:		(City)	(State)		(Zip)	
BUSINESS PHONE:	BUSINESS FAX:		Client E-mail			
BUSINESS ADDRESS:						
TYPE OF COMPANY CORP LLC	DBA PARTNERS	(City) HIP HOW MANY ((State) DWNERS?		(Zip) 	
DATE BUSINESS ESTABLISHED:	BUSIN	NESS TAX ID:				
HAS ANY COMPANY REFUSED TO ISSUE	YES NO DO	YOU HAVE ANY LII		SEMENTS	YES 🗆 NO 🗖	
BONDS FOR ANY PURPOSE? HAS APPLICANT EVER FAILED IN BUSINI		SAINST YOU?	7 FU FD DANKDURTOV	·0	YES NO	
TIAG ALT EIGANT EVERT AILED IN BOOM	-00: 123 NO HA	AS APPLICANT EVE	R FILED BANKRUPTUT	•		
SECTION II: GENERAL INFORMATION	9	SPOUSE NAME				
OWNER'S NAME:SP:	OUSE SS#		ME DHONE:			
RESIDENTIAL ADDRESS:		10	MIL 1 11014L.			
(Street)		(City)	(State)		(Zip)	
ADDITIONAL OWNERS / PARTNERS OWNER'S NAME:	5	SPOUSE NAME				
SS#:SP			ME PHONE:			
RESIDENTIAL ADDRESS:						
(Street)		(City)	(State)		(Zip)	
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ASSETS CASH IN BANK		LIABILITII NOTES PAYABLE				
CASH IN BANK	\$	NOTES PAYABLE		\$		
STOCKS & BONDS	\$ \$	ACCOUNTS PAYA		\$		
ACCOUNTS RECEIVABLE	\$		E INCOME TAX DUE	\$		
NOTES RECEIVABLE	\$	ALL OTHER TAXES		\$		
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.		\$		
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT		\$		
EQUIPMENT	\$	DUE ON REAL ESTATE		\$		
REAL ESTATE	\$	OTHER LIABILITIES		\$		
OTHER ASSETS		CAPITAL STOCK (IF A CORPORATION)		\$		
O THE TROOP IS	\$	SURPLUS & UNDIVIDED PROFITS		\$		
				 		
TOTAL ASSETS	s	TOTAL LIABILITIE	:S	\$		
		NET WORTH		s		
NAME OF OWNERS	NAME & TITLE O	NAME & TITLE OF OFFICERS		PERCENTAGE OF OWNERSHIP		
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Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

Worldwide Insurance Specialists, Inc 2424 W. Missouri AVE Phoenix, AZ 85015 Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235