

OATH OF OFFICE Four-Year Notary Public Commission

Notary Applicant Section (person applying for a four-year notary public commission):

*****IN THE PRESENCE OF A NOTARIAL OFFICER*****
Complete lines 1 and 2. Do not notarize your own signature!

I do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of Wisconsin, and will faithfully discharge the duties of the office of Notary Public, in and for the State of Wisconsin, to the best of my ability; that I am a resident of the United States, and am 18 years of age or older.

1. Notary Applicant Signature: _____

2. Notary Applicant Printed Name: _____

Notarial Officer Section (person who administers the oath to the applicant, and watches the applicant sign):
Complete lines 3-9. Officer who signs line 6 may not be the applicant who signs line 1.

3. State of _____ 4. County of _____

5. Subscribed and sworn to before me on this day (MM/DD/YYYY): _____

Note: The name and signature in numbers 6, 7 and 8 must be spelled exactly the same.

6. Signature of Notarial Officer: _____

7. Print name of Notarial Officer: _____

8. Seal/Stamp of Notarial Officer

9. Check ONE box only:

Notarial Officer is a Notary Public whose commission expires on _____.

OR

Notarial Officer is a Notary Public whose commission is Permanent.

OR

Notarial Officer is not acting as a Notary Public but as authorized by Section 706.07 or 887.01, Wis. Stats., with this title:

BOND INSTRUCTIONS

All persons applying or reapplying for a four-year notary public commission must purchase a \$500 bond from an insurance company. Contact the insurance company of your choice to purchase a bond. This bond form, or a bond form supplied by an insurance company, must be completed and submitted to the Wisconsin Department of Financial Institutions as proof that you have purchased a bond. Any bond form supplied by an insurance company must be in a format previously approved by DFI. The insurance company you choose to supply your bond must be qualified to write surety bonds in Wisconsin.

Notary Applicant: Complete sections 1-6. Section 1 must be an original signature.

Insurance Agent: Complete sections 7-13. Sections 9, 10, and 11 must indicate the surety company's information rather than the local insurance agency's name and address. For section 13, if a seal or stamp is affixed, the name of the surety company on the seal or stamp must match the name listed in section 9. If a power of attorney form is used, the agent's name as signed in section 7 must appear on the power of attorney.

NOTARY PUBLIC BOND

KNOW ALL TO WHOM THESE PRESENTS SHALL COME, that we (notary applicant and surety), jointly and severally, undertake and agree that the notary applicant, upon appointment to the office of Notary Public, will faithfully discharge the duties of said office according to law, and that the surety will pay to the parties entitled to receive the same, such damages, not exceeding the aggregate FIVE HUNDRED DOLLARS (\$500) as may be suffered by them in consequence of the failure of the notary applicant herein to discharge his or her duties as a Notary Public.

Notary Applicant – Complete 1 – 6

1. Signature of notary applicant		
2. Print name of notary applicant		
3. In care of: (Business name, if applicable)		
4. Mailing address of notary applicant		
5. City	State	Zip
6. Daytime telephone of notary applicant		

Insurance Agent – Complete 7 – 13

7. Signature of surety company agent		
8. Print name of person who signed #7		
9. Print name of surety company		
10. Mailing address of surety company		
11. City	State	Zip
12. Date		

13. Surety company seal, stamp or power of attorney must be affixed.

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After this form has been completed, mail it in the same envelope along with your completed application, Notary exam certificate, Oath of Office, and \$20 filing fee (if not already paid online) to:

**Attn: Notary Records Section
Wisconsin Department of Financial Institutions
PO Box 7847
Madison WI 53707-7847**

Questions? Call: 608-266-8915
Fax: 608-264-7965
TTY: 711

SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT _____
 AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
 AGENCY ADDRESS: _____
(Street) (City) (State) (Zip)

CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? _____
NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? _____

SECTION I: BOND APPLIED FOR:

TYPE OF BOND: _____ AMOUNT: _____
 OBLIGEE: _____ EFF. DATE: _____ EXP. DATE: _____
 OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
 BUSINESS NAME: _____
 BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
 BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP HOW MANY OWNERS? _____

DATE BUSINESS ESTABLISHED: _____ BUSINESS TAX ID: _____
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES NO
 HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

SECTION II: GENERAL INFORMATION

OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
 ADDITIONAL OWNERS / PARTNERS
 OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE 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)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS	NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP	

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 **Toll Free: (888) 518-8011**
2424 W. Missouri AVE **Local (602) 749-0702**
Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM