



**STATE OF MINNESOTA  
SECRETARY OF STATE  
NOTARY COMMISSION APPLICATION**

**IMPORTANT: Please refer to the instructions on Page 3 as you complete each section of the application.**

**1. APPLICATION TYPE** (Check one)

<b>A.</b> <input type="checkbox"/> New Application Fee: \$120	<b>B.</b> <input type="checkbox"/> Reappointment Fee: \$120	<b>C.</b> <input type="checkbox"/> Renewal Fee: \$120	<b>D.</b> <input type="checkbox"/> Address Change No Fee	<b>E.</b> <input type="checkbox"/> Name Change No Fee
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**\*Required Fields**

**2. COMMISSION NUMBER** (Required for reappointment, renewal, address change and name change)

CURRENT COMMISSION NUMBER
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**3. APPLICANT'S NAME** (as it will appear on the Commission)

FIRST NAME*	MIDDLE NAME(s) OR INITIAL(s)	LAST NAME*
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**4. RESIDENTIAL INFORMATION**

ADDRESS #1*	ADDRESS #2	
CITY*	STATE*	ZIP*
DATE OF BIRTH* (MM/DD/YYYY)	RESIDENTIAL PHONE NUMBER*	
EMAIL ADDRESS		
COUNTY OF RESIDENCE* (Non-residents must list a Minnesota county where they will record their notary)		

**5. PUBLIC INFORMATION**

BUSINESS NAME		
PUBLIC ADDRESS #1*	PUBLIC ADDRESS #2	
PUBLIC CITY*	PUBLIC STATE*	PUBLIC ZIP*
PUBLIC PHONE NUMBER*		

**6. ADDRESS CHANGE**

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**7. NAME CHANGE**

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## 8. SUPPLEMENTAL QUESTIONS

<p><b>A.</b> Have you ever been the subject of any inquiry or investigation by any state agency?</p> <ul style="list-style-type: none"> <li>• <b>If YES, submit a written statement explaining the circumstances of incident and copies of Department letters or order which demonstrate the final resolution of the matter.</b></li> </ul>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p><b>B.</b> Have you or has any occupational license held by you been censured, suspended, revoked, canceled, terminated or otherwise been the subject to any type of administrative action in any state including Minnesota?</p> <ul style="list-style-type: none"> <li>• <b>If YES, submit:</b></li> <li>1. <b>A written statement explaining in detail the type of license and the circumstances of each incident.</b></li> <li>2. <b>A copy of the notice of hearing or other document that states the charges and allegations.</b></li> <li>3. <b>A copy of the official document which demonstrates the resolution of the charges or any final judgement.</b></li> </ul>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p><b>C.</b> Have you ever been charged with, or convicted of, or been indicted for, or entered a plea to, any criminal offense (felony, gross misdemeanor or misdemeanor), in any State or Federal Court? You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, DUI, DWI or driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).</p> <ul style="list-style-type: none"> <li>• <b>If YES, submit:</b></li> <li>1. <b>A written statement explaining in detail the circumstances of incident, copies of police report and charging documents. If no longer on file, submit a statement as such from the charging authority on their letterhead.</b></li> <li>2. <b>Copies of the sentencing and disposition documents. Register of Actions is not acceptable unless it contains an official court stamp confirming that it is the only document available. If currently on probation, attach letter from probation officer stating compliance with terms of probation. If not currently on probation, state you are not on probation.</b></li> </ul>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p><b>D.</b> Have you been a defendant in any lawsuit involving claims of fraud, misrepresentation, conversion, mismanagement of funds, breach of fiduciary duty or breach of contract?</p> <ul style="list-style-type: none"> <li>• <b>If YES, submit:</b></li> <li>1. <b>A written statement explaining in detail the circumstances of incident.</b></li> <li>2. <b>A copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceeding.</b></li> <li>3. <b>A copy of the official documents, which demonstrate the resolution of the charges or any final judgment.</b></li> </ul>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>

## 9. AFFIRMATION AND SIGNATURE

APPOINTMENT OF THE SECRETARY OF STATE AS AGENT FOR SERVICE OF PROCESS. KNOW ALL PEOPLE BY THESE PRESENT:

That in compliance of the Laws of the State of Minnesota, I, the undersigned applicant, if a nonresident, do hereby appoint the Secretary of State of the State of Minnesota, his/her successor or successors, as my true and lawful agent upon whom may be served all legal process in any action or proceeding in which I may be a party arising out of or relating to the transactions of the commission, and do hereby expressly consent and agree that service upon such agent shall be as valid and binding as if due and personal process has been made upon me and that such appointment shall be irrevocable.

I certify that the statements in this application and attachments are true and complete and that this document has not been altered or changed in any manner from the form adopted by the Office of the Secretary of State.

**OATH: I swear or affirm that I will support the constitution of the United States and of this state to discharge faithfully the duties of my office to the best of my judgment and ability.**

\_\_\_\_\_

**Signature of Notary Applicant** \_\_\_\_\_  
**Date**

# INSTRUCTIONS

To obtain a notary commission, submit this completed application with the non-refundable fee of \$120.00 to the Office of the Secretary of State by mail. Mail to:

**Minnesota Secretary of State - Notary  
Retirement Systems of Minnesota Building  
60 Empire Drive, Suite 100  
St. Paul, MN 55103**

Payment must be paid by check or money order and made payable of the OFFICE OF THE SECRETARY OF STATE. Do not send cash through the mail.

## 1. Application Type

- a. New Application
- b. Reappointment - Check this box if you have a notary commission that has expired.
- c. Renewal - Renewals may be submitted 6 months prior to the expiration date of your current commission.
- d. Address Change - Notify SOS within 30 days of address change update online at [notary.sos.state.mn.us](http://notary.sos.state.mn.us)
- e. Name Change - Notify SOS within 30 days of name change and attach documentation.

**Please type in the fields or print information clearly. All mandatory fields are denoted with \*.**

2. The Commission Number is required for Reappointment, Renewal, and Address Change and Name Change applications. Locate your commission number by going to the Find a Notary search @ <https://www.sos.state.mn.us/notary-apostille/notary-help/find-a-notary/>
3. Applicant's Name should be listed the way it appears on your driver's license, tax returns and legal documents.  
\*\*Applicant must be at least 18 years of age.
4. Applicant's Residential Address should be listed the way it appears on your driver's license. (Non-residents must list a Minnesota county he or she will be filing in upon receiving their notary commission from the Office of the Secretary of State.) \*\*Applicant must be either a Minnesota resident, or a resident of a county in IA, ND, SD, or WI and list the Minnesota County he or she will be filing in upon receiving their commission.
5. Applicant's Public Information - The information on this form, including your name and public address, is public pursuant to Minnesota Statutes, Chapter 13. Information added to this section will be posted next to your name in the Find a Notary results.
6. Address Change - You must list a complete resident street address. A PO Box alone is not acceptable. If you have changed your home address to a new county, you will be required to re-register your commission with the county. County contact information is included in the commission certificate instructions. Your resident county name and telephone number is listed in the instructions portion of your new commission certificate. Please contact your county to find out where you should go to re-register and for any inquiries.
7. Name Change - Sign the application with your new name, attach a copy of a legal document showing the name change (for example, marriage certificate, divorce decree, or other legal documentation). Upon receipt of your new commission, re-register with the county and purchase a new notary stamp. Your resident county name and telephone number is listed in the instructions portion of your new commission certificate. Please contact your county to find out where you should go to re-register and for any fee inquiries.
8. If the answer to any question is YES, you must attach an explanation including the specific dates, charges, resolution, attach copies of legal documentation and complete the background check form. **All items including these answered questions, Notary Application, Background Check Form and supporting documentation, when applicable, must be mailed together to the Office of the Secretary of State.**

You do not need to answer YES below if the answer is due to an event(s) that occurred PRIOR to your last approved application to be a notary public and after having submitted the supporting documentation.

However, if new issues leading to a YES response have occurred since then, you must answer the supplemental questions and provide the supporting documentation that is requested on YES answer(s).

**NOTICE:** All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service. The data which you furnish on this form will be used by the Office of Secretary of State and the Department of Commerce to assess your qualifications for a commission.

Minnesota Statutes, Chapters 357, 358, and 359 (which govern notaries and notarial acts) may be downloaded from the Minnesota Legislature website [www.leg.state.mn.us](http://www.leg.state.mn.us) or purchased through the Minnesota Bookstore (phone 651-297-3000).

If you have any questions, please call 651-296-2803 (toll-free at 1-877-551-6767) and press option 3 for notary assistance. See the Notary Commission Guide included with your Notary Commission Certificate for your Notary Checklist.



# Criminal Background Check Form

This form only needs to be completed by notary public applicants if there is a YES answer to any of the four questions listed on the signature page of the notary application.

The Department of Commerce uses this information to conduct criminal history checks.

**PLEASE PRINT**

<b>Provide complete legal name of applicant</b>		
Last Name	First Name	Middle Name
Date of Birth (mo/day/yr)		
Type of Application <b>Notary Commission</b>		

**THE FOLLOWING CERTIFICATION AND AUTHORIZATION MUST BE SIGNED BY APPLICANTS AUTHORIZING A BACKGROUND CHECK:**

I, the undersigned, have made application to the Office of the Secretary of State for a regulated notary commission.

I certify that I have provided complete and accurate answers to all questions on my application.

I hereby request/authorize the Department of Commerce to conduct a background check of me through their records for licensing or notary commission purposes.

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**Signature of Notary Applicant**

**Date**

**MAILING INSTRUCTIONS:**

**This form should be completed and mailed along with the Notary Application to:**

**Minnesota Secretary of State - Notary  
Retirement Systems of Minnesota Building  
60 Empire Drive, Suite 100  
St. Paul, MN 55103**