MICHIGAN NOTARY PUBLIC

APPLICATION and INSTRUCTIONS

The application process for becoming a Michigan Notary Public involves several steps. Carefully review the instructions throughout this document to ensure successful and timely completion. For assistance, email us at MDOS-Notary@Michigan.gov.

Step by Step:

- 1. Fill out the application clearly and completely.
 - Use None or N/A if not applicable.
 - Use zeros for Phone numbers or Business zip code if not applicable.
- 2. Obtain A \$10,000.00 <u>surety bond</u> written for a term of six or seven years through a Michigan licensed insurance company.
- 3. Take the surety bond and completed application to the <u>county clerk's</u> office. (For a \$10.00-\$20.00 fee the Clerk will file your bond, administer an Oath and return the application to you).
- 4. Mail the original completed application and the \$10.00 filing fee to this office using address below; checks made payable to **State of Michigan**.
- 5. Look for the commission card and certificate in your email. Allow 4-6 weeks for processing. Please check all spam folders.
- 6. Check the status of your appointment on our <u>website</u>. Bookmark this site to visit later. (Note, **Do not** perform notarial acts until you are listed as "Active" on this website or you have received your commission information!)



IMPORTANT!

- ✓ Don't forget the \$10.00 filing fee in your mailing payable to the State of Michigan.
- ✓ Mail the completed application and filing fee to:

Office of the Great Seal 7064 Crowner Drive Lansing, Michigan 48918 Website

Email: MDOS-Notary@Michigan.gov

County Seal								



MICHIGAN DEPARTMENT OF STATE OFFICE OF THE GREAT SEAL

For County/Office Use Only						
Date of oath and bond:						
Oath administered by, and bond filed with:	Attorney (Clerk's initials)					
County name:						

APPLICATION FOR NOTARY COMMISSION AND ATTORNEY REAPPOINTMENT

Use "none or "N/A" if applicable. Incomplete and/or illegible applications may be returned. NON-REFUNDABLE FILING FEE: \$10

*Are you are a resident of *Full Name (first/middle/last): (Must match	nse or Personal ID#	*State	*County	of Residence				
Tuli Name (ilisumidule/last). (Must mater	Tyour State univers licer	driver's licerise of 1D card)			Otate	County of Residence		
*Please indicate any previous and/or alias	*Date of Birtl (mm/dd/yyyy)					*County of Business (Non- Michigan Residents Only)		
*Residential Address (Must match license or ID card – include PO boxes, lot and Apt #'s)			*City		*State	*Zip Code		
*Business Address				*City		*State	*Zip Code	
*Residence Telephone Number	*Business Telep	*Business Telephone Number			*Licensed Attorney in Michigan, enter State Bar number or if not licensed attorney write "N/A" P-			
YES NO		HISTOR	<u> </u>					
Within the last 10 years	s, have you been convict	ed of a felony o	r misdemeanor	(including any time	served/fees pa	d)?		
Do you hold or have eve	er held a notary public co	ommission in thi	s or any other	state:				
If yes, indicate State	e: Michigan	or State	e of					
Have you ever had a no	otary commission in this	or any other sta	ate? revo	oked suspende	ed cancel	led		
If yes, please explain b	pelow:							
YES NO	ELEC	TRONIC AND F	REMOTE NOT	<u>ARY</u>				
Will you be performing elec	ctronic notarial acts?							
If "Yes," identify the	approved system you in	tend to use:						
Will you be performing rem	note notarial acts?							

I hereby certify that I am 18 years of age or older; a resident of Michigan or maintain a principal place of business in Michigan; am a U.S. citizen or possess proof of legal presence; am able to read and write in the English language; am not currently incarcerated in a correctional facility or have served time during the immediate past ten years for a felony or misdemeanor offense in any state. I solemnly affirm, under the penalty of perjury, that the information provided in this application is true, complete, and correct; that I have carefully read the notary laws of Michigan; and that, if appointed and commissioned as a notary public, I will perform faithfully, to the best of my ability, all notarial acts in accordance with the law. I understand that all information contained on this application is subject to disclosure under the Freedom of Information Act, 1976 PA 442, MCL 15.231, et seq. I am enclosing the \$10.00 non-refundable application processing fee. Checks made payable to State of Michigan. If I am a licensed attorney, I certify that I am in good standing with the State Bar of Michigan.

COMMISSION NAME:

I have printed/typed my name as I wish to be commissioned. I understand that my name must appear exactly as I have printed/typed it above for all notarizations for the duration of this commission.

SIGNATURE:

Sign your name as it will appear on all documents you notarize. I understand that my signature must appear exactly as I have signed it above for all notarizations for the duration of this commission.