

## Traditional & Remote Online Notary Package *Only*

**\$168<sup>00</sup>**

*Plus tax, shipping & handling*

Why pay more when you can get everything you need to renew your commission with remote online notary bond fast and for one low price? Budget Notary Services offers you a high quality, four-year Notary Package for only \$168 plus tax, shipping and handling. This includes your required \$25,000 online bond, \$25,000 Errors & Omissions policy, state filing fees and a self-inking stamp guaranteed for the entire term of your commission.

*Because we are located in Tallahassee,  
we maintain a close working  
relationship with the Secretary of State's  
office to provide YOU faster service!*

### Apply for or renew your commission in 4 easy steps:

- Step 1: Complete the enclosed Notary Public Commission Application and Remote Online Notary Bond, including the state-required Driver's License and Social Security numbers. These may be used by the state for a background check.
- Step 2: Complete the order form (*on reverse*).
- Step 3: Return the above with your payment to Budget Notary Services.
- Step 4: If you're a first-time Notary, take the required notary education course, which you'll find on our website: [www.BudgetNotaryInsurance.com](http://www.BudgetNotaryInsurance.com). Print, sign and return the completion certificate to receive your commission. **This course is for first-time notary applicants and does not meet the remote online education requirement.**

Budget Notary is a state approved, reliable notary bonding agency focused on personal service. Applications are hand delivered to the Secretary of State's office. For high quality and low cost – use Budget Notary Services!





**NOTARY PUBLIC COMMISSION APPLICATION**

Florida Department of State  
Notary Commissions and Certifications Section (850) 245-6975

Mail Applications to:

**Budget**  
NOTARY SERVICES  
PO Box 5797  
Tallahassee, FL 32314-5797  
877.298.8274

**PERSONAL INFORMATION**

Full Legal Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Home Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (County) \_\_\_\_\_ (Zip)

Place of Employment: \_\_\_\_\_  Unemployed  Retired

Business Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (County) \_\_\_\_\_ (Zip)

Mail to:  Home  Business  Other Address: \_\_\_\_\_ (Street/P.O. Box) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

E-Mail Address: \_\_\_\_\_ (or write "NONE") Sex:  Male  Female Race:  Asian

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ (or write "NONE")  Black or African American

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_  Native American or Alaska Native

Florida Driver's License (or other State of Florida Issued ID): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Month/Day/Year)

Social Security Number: \_\_\_\_\_

The disclosure of a Florida notary public applicant's social security number is expressly required by Fla. Stat. §117.01(2) and is imperative for processing notary public commission applications. Please be advised that social security numbers are only used for processing the notary application and are exempt from disclosure pursuant to Fla. Stat. §119.071(5)(a)5.

1. Are you a legal resident of Florida?  Yes  No (If No, you are not eligible to apply for a notary commission. Legal residency must be maintained throughout the appointment.)
2. Are you a United States citizen?  Yes  No (If No, you must submit a recorded Declaration of Domicile. Obtain this document from your county courthouse.)
3. Are you a wartime veteran with a disability rating of 50 percent or more?  Yes  No (If Yes, you must submit a written request for the fee reduction and provide proof of exemption.)
4. Are you now or have you ever been commissioned a Notary Public in the State of Florida?  Yes  No (If No, you must complete a 3 hour notary education course and submit a signed certificate of completion. Fla. Stat. §668.50 (11)(b).) Go to [www.BudgetNotaryInsurance.com](http://www.BudgetNotaryInsurance.com) to complete the notary course.

If Yes: \_\_\_\_\_ (Commission expiration date) \_\_\_\_\_ (Commission number) \_\_\_\_\_ (Name in which your commission was issued)

5. Have you held any professional licenses or commissions (other than Notary Public) in Florida during the past 10 years?  Yes  No (If Yes, please list.) \_\_\_\_\_ Have you been revoked?  Yes  No (If Yes, you must submit a written statement about the nature of the action and a copy of the Final Order from the regulating agency.)
6. Have you been disciplined by a regulatory agency, including The Florida Bar, and including disciplinary action that is confidential?  Yes  No (If Yes, you must submit a written statement about the nature of the action and any supporting documentation, such as a copy of the Final Order from the regulating agency.)
7. Have you been convicted of a felony or have you had an adjudication of guilt withheld for a felony offense?  Yes  No (If Yes, you must submit a written statement of the nature of the offense(s), a copy of the court judgment and sentencing order. If convicted, you must submit a certificate of Restoration of Civil Rights.)
8. Are you currently on probation?  Yes  No

**AFFIDAVIT OF CHARACTER**


STATE OF \_\_\_\_\_ County

I, \_\_\_\_\_ (Print or Type Name of Affiant) am unrelated to and have known \_\_\_\_\_ (Name of Applicant)

for one year or more; and to the best of my knowledge and observation know him or her to be of good character.

My address is \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (County) \_\_\_\_\_ (Zip)

**UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.**

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ (or write "NONE") Work Phone: (\_\_\_\_\_) \_\_\_\_\_ (or write "NONE")  \_\_\_\_\_ (Signature of Affiant)


**OATH OF OFFICE**

STATE OF FLORIDA

\_\_\_\_\_ County

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the state; that I have read Chapter 117, Florida Statutes, and any amendments thereto, and know the duties, responsibilities, limitations, and powers of a notary public; and that I will well and faithfully perform the duties of Notary Public, State of Florida, on which I am now about to enter. So help me God.\*

**UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND OATH, AND THAT THE FACTS STATED THEREIN ARE TRUE.** I accept the Office of Notary Public, State of Florida.

 \_\_\_\_\_  
(Official Signature of Applicant) (Date) MM-DD-YYYY

 \_\_\_\_\_  
(Print or Type Name - name for which your commission will be issued.) Must use legal first name, no initial.  
Acceptable Options: Jonathan David Doe, Jon D. Doe, Jonathan Doe, Jonathan D. Doe

\*Note: If you affirm, you may omit the words "So help me God." Fla. Stat. §92.52.

**MEMORANDUM**

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS, WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO SOCIAL SECURITY NUMBERS, PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR FLORIDA NOTARY PUBLIC COMMISSION APPLICATION SUBMISSION, PLEASE CHECK THE FOLLOWING BOX:

- Yes, I assert that identifying information provided in this application (other than my social security number, which I am aware is automatically exempt from public disclosure, pursuant to Fla. Stat. §119.071) should be excluded from inspection under Public Records Law.

If **Yes**, please indicate what section of Florida Statutes provides this exemption. **If you are unsure of the Florida Statute, use the link below to download and complete the Public Records Exemption Request forms:**

<https://dos.myflorida.com/media/695951/dos119.pdf>

The DOS Public Records Exemption Request forms are to act as a guide to assist applicants and does not have to be submitted if the "Yes" box is not checked.

**STATE OF FLORIDA BOND OF  
NOTARY PUBLIC OR  
ONLINE NOTARY PUBLIC**

Secretary of State  
Online Notary Commissions  
Form: DOC IN-7, R. 1N-7.001, F.A.C, effective 01/2020

**FOR OFFICE USE ONLY**  
Approved by Department of State:

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS, That we,

\_\_\_\_\_ as Principal, and

(Name of Registrant)

**Western Surety Company (800) 331-6053**

(Imprint Name of Surety Company)

as Surety Company, give bond payable to any

individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as a Notary Public OR Online Notary Public in the amount of Twenty-Five Thousand Dollars (\$25,000) as assurance for the due discharge of the duties of his/her office of Notary Public OR Online Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally. Liability under this bond is limited to \$7500 for acts performed in the capacity of a Notary Public pursuant to section 117.01(7)(a), Florida Statutes.

Applicant was, on the date of issuance of Notary Public commission, bonded in and for the State of Florida as a Notary Public of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of a Notary Public or Online Notary Public, as prescribed by law, then this obligation shall be void.



(Signature of Registrant)

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.



**Western Surety Company**

(Name of Surety Company)

**P. O. BOX 5077, Sioux Falls, SD 57117-5077**

(Address of Surety Company)

**BUDGET NOTARY SERVICES**

(Name of Bonding Agency or Company)

**P. O. Box 5797, Tallahassee, FL 32314-5797**

(Address of Bonding Agency or Company)

By \_\_\_\_\_

(Signature of Florida Licensed Agent)

**A068326**

(Florida Licensed Agent Number)

**Jack Diestelhorst**

(Printed Name of Florida Licensed Agent)

Section 817.234(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

This bond shall be for Twenty-Five Thousand Dollars (\$25,000).  
After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the registration of online notary public.