



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Notary Commissions

P.O. Box 821
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Notary Public
Application for Appointment or Reappointment

FEE: \$10

READ ALL INSTRUCTIONS ON PAGE 2 PRIOR TO COMPLETING THIS APPLICATION

If applying for reappointment, provide the following: Commission Number _____ Expiration Date _____

Full Legal Name: _____

Date of Birth: _____ Telephone Number: _____

Residential Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Business Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

County of Commission (Must match county of residence or business, see instructions): _____

Email Address: _____

DECLARATION OF QUALIFICATIONS

I, the above-named applicant, hereby affirm under penalty of perjury that I am at least 18 years of age, am a citizen or permanent resident of the United States, am a resident of or have a place of employment or practice in the county in Kentucky as indicated in the information above, am able to read and write English and am not disqualified to receive a notary commission under KRS 423.395.

I also hereby affirm that the answers submitted to the following questions are true and correct:

- 1. Have you been convicted of a felony? _____ NO _____ YES
Persons convicted of a felony must submit a copy of the order of restoration of their civil right to hold public office in addition to all documentation regarding the charges and the disposition thereof.
2. Have you been convicted of, or entered a plea to any crime involving fraud, dishonesty, or deceit? _____ NO _____ YES
3. Have you ever been denied a professional license or had a professional license held by you conditioned, suspended, revoked, canceled, terminated, or not renewed for reasons involving fraud, dishonesty, or deceit? _____ NO _____ YES
4. Have you ever been denied a notary commission or had a notary commission conditioned, suspended, revoked or otherwise subject to administrative action in Kentucky or any other state? _____ NO _____ YES

If answering YES to any of the above questions, refer to the instructions on page 2 of this application. You must submit a written statement detailing the circumstances and a copy of all documentation related to each action as well as a criminal background check (See Instructions).

By signing below, the undersigned acknowledges that the Secretary of State may deny, refuse to renew, revoke, suspend or impose a condition on a notary commission for any act or omission that demonstrates that the applicant lacks the honesty, integrity, competence, or reliability to act as a notary public and that by delivering this application to the Secretary of State, the undersigned is deemed to have declared under penalty of perjury that the answers and information provided are true and correct.

SIGNATURE OF APPLICANT (See Instructions): _____ Date: _____

Notary Public Application Instructions

Fee: The application must be accompanied by the fee of \$10; checks may be made payable to the Kentucky State Treasurer.

If applying for reappointment:

- Do **not** submit application earlier than **60 days** prior to expiration of your current commission.
- You **must** provide your correct **Commission Number** and the correct **Expiration Date**.
- The Commission Number and Expiration Date are found on your Notary Public Commission Certificate. If you do not have your commission certificate, you may obtain a duplicate by submitting the Request for Replacement Certificate form and fee of \$10 by mail to the Secretary of State. The form is available on our website: sos.ky.gov
- If your commission has already expired, the application will be treated as a new appointment.

Full Legal Name of Applicant: Print your full legal name. KRS Ch. 423 and 30 KAR 8:005 require the applicant's full legal name to appear on their commission certificate as well as on any stamp or seal to be used.

Date of Birth and Telephone Number: This information is required by KRS Ch. 423 and 30 KAR 8:005.

Residential Address: Enter the address where you reside and receive mail. Official notifications from the Secretary of State not sent by email will be mailed to this address.

Business Address: Enter the address where you are employed or have a place of practice. If you do not have a business address, you may indicate this line as Not Applicable.

Both a residential and business address are required by KRS Ch. 423 and 30 KAR 8:005. One of these two addresses must be located in Kentucky.

County of Commission: KRS Ch. 423 requires that an applicant either resides in or has a place of business or practice in the county of commission. If you do not live or work in Kentucky, you are not eligible for a Kentucky notary commission. ***The application will be rejected if the county of commission does not match either the residential or business address listed on the application.***

Email Address: The approval notification is sent by email from sosnotary@ky.gov. If you do not have an email address and cannot obtain one, you may indicate this as Not Applicable and a postcard notification will be mailed to the residential mailing address.

Declaration of Qualifications: Before signing the application, carefully read the prepared statement of qualifications and indicate the correct answer by checking "NO" or "YES" for each question.

- The Constitution of the Commonwealth of Kentucky prohibits persons convicted of a felony from holding public office. This can be overcome by a pardon or restoration of civil rights from the Governor. If you have been convicted of a felony, you must provide a copy of the order from the Governor restoring your civil right to hold office. For more information, contact the Office of the Governor directly: (502) 564-2611.
- KRS 423.395 sets forth additional reasons for the denial of or refusal to renew a notary commission. This statute may be examined at sos.ky.gov or by contacting the Legislative Research Commission directly: (502) 564-8100.
- If any of the four questions are answered in the affirmative, you must provide a complete explanation of the circumstances, along with a criminal background check from the Administrative Office of the Courts or the Kentucky State Police. When sufficient documentation has been received, the application will be submitted for further review. Due to the requirement for further review, these applications may not be submitted electronically and must be mailed to the office.

Signature of Applicant:

- You must provide your **hand-written signature** in the same manner as you intend to sign when performing a notarial act with respect to a tangible record. (See KRS 423.360)
- Signatures applied electronically or by use of a stylus will not be accepted.
- By signing the application, the applicant is deemed to have declared under penalty of perjury that the answers and information provided are true and correct.

Delivery of Application: The application may be mailed to the office at the address provided on page 1 of this application along with the fee of \$10 or the application may be submitted online and the fee may be paid electronically: sos.ky.gov

Completion of Commission: Upon approval of the application, an email notification will be sent to the address provided on the application. If you do not receive this notification within 10 business days, you may contact the office to request a new notification to be sent. The notification will instruct you to contact the **county clerk in the county of commission** directly to make arrangements to post the required \$1000 surety bond, take the oath of office, and receive your commission certificate. For more information on completing the commission, contact the **county clerk**.