## LMI NOTARY SERVICE 208 JAMES ST., SUITE B SEATTLE, WA 98104 1-800-886-5299

YOUR NOTARY PUBLIC LICENSE IS UP FOR RENEWAL. TO RENEW YOUR COMMISSION, YOU MUST OBTAIN A NEW NOTARY BOND IN THE AMOUNT OF TEN THOUSAND DOLLARS (\$10,000) FOR THE NEW FOUR YEAR TERM.

TO START THE RENEWAL PROCESS WITH OUR SERVICE COMPLETE THE FOLLOWING STEPS:

1. COMPLETE AND RETURN THIS APPLICATION VIA FAX (IF PAYING WITH A CREDIT CARD) OR WITH A CHECK IN THE AMOUNT TO BE DETERMINED BY YOUR SELECTION PAYABLE TO LMI NOTARY SERVICE.

THE STATE OF MONTANA DOES NOT REQUIRE YOU TO OBTAIN A NEW SEAL OR NOTARIAL MARKING DEVICE WHEN YOU RENEW YOUR COMMISSION. HOWEVER, IF YOU SHOULD WISH TO CHANGE THE TYPE OF SEAL THAT YOU PRESENTLY HAVE, WE CAN PROVIDE YOU WITH A NEW SEAL OR STAMP. THE STATE HANDBOOK ALSO SUGGESTS A MY COMMISSION EXPIRES STAMP WITH YOUR NAME AND EXPIRATION DATE ON IT WHICH WE CAN ALSO PROVIDE.

WE ALSO HAVE ERRORS AND OMISSIONS INSURANCE AVAILABLE FOR NOTARIES FOR YOUR OWN PERSONAL PROTECTION. THIS IS AN E & O POLICY THAT IS DESIGNED ESPECIALLY FOR NOTARIES. THIS COVERAGE IS OPTIONAL BUT VITAL FOR YOUR PERSONAL FINANCIAL PROTECTION.

#### PLEASE USE THE FOLLOWING TO COMPUTE THE PRICE FOR THE OPTIONS YOU DESIRE.

NOTARY BOND (\$10,000.00 REQUIRED BY THE STATE)	\$50.00	\$50.00		
<u>OPTIONAL</u>				
*ERRORS & OMISSIONS INSURANCE (\$10,000 FOR A 4 YEAR TERM)	\$50.00	\$		
*ERRORS & OMISSIONS INSURANCE (\$15,000 FOR A 4 YEAR TERM)	\$60.00	\$		
*ERRORS & OMISSIONS INSURANCE (\$25,000 FOR A 4 YEAR TERM)	\$70.00	\$		
*EMBOSSING SEAL (WITH HANDLE & POUCH)	\$26.92	\$		
*PREINKED CIRCULAR STAMP Color: Black Other	\$29.38	\$		
*PREINKED RECTANGULAR STAMP Color: Black Other	\$28.88	\$		
*NOTARY RUBBER STAMP AND PAD (CIRCULAR IMPRESSION)	\$24.81	\$		
*PREINKED MY COMMISSION EXPIRES STAMP Color: Blk Other	\$23.00	\$		
**All of the above items are shipped directly to you at no add'l fee**				
CREDIT CARDS ACCEPTED - COMPLETE ON REVERSE				
Payment by Credit Card is at the option of the consumer and the same ins	urance			
is available to you regardless of your method of payment.				
TOTAL	_	\$		

- 2. WE WILL PREPARE A BOND AND SEND IT TO YOU FOR YOUR SIGNATURE AND NOTARIZATION.
- 3. YOU WILL ALSO BE RECEIVING A GUIDE FOR NOTARIES PUBLIC PRACTICING IN MONTANA.
- **4.** AFTER YOU HAVE SIGNED THE BOND YOU WILL SEND IT ALONG WITH A CHECK FOR \$25.00 MADE PAYABLE TO THE MONTANA SECRETARY OF STATE.
- **5.** FORWARD A COPY OF YOUR NEW NOTARY CERTIFICATE, VIA MAIL OR FAX, SO WE MAY PRODUCE YOUR NEW STAMP OR SEAL.

REMEMBER , WE ARE ALWAYS HERE TO HELP WITH YOUR NEEDS AND QUESTIONS, AND TO MAKE YOUR JOB A LITTLE EASIER.

WE HAVE BEEN PROVIDING THIS SERVICE FOR NOTARY PUBLICS FOR OVER THIRTY YEARS SO YOU CAN COUNT ON US FOR ASSISTANCE. THANK YOU FOR ALLOWING **LMI NOTARY SERVICE** TO PROCESS YOUR NOTARY RENEWAL BOND. WE ALSO HANDLE NEW NOTARY REQUESTS. LMI NOTARY SERVICE IS NOT AFFILIATED WITH ANY GOVERNMENT AGENCY AND/OR OFFICE.

#### NOTARY PUBLIC COMMISSION FORM

PLEASE TYPE OR PRINT CLEARLY

# APPLICANT'S NAME\_ (If different than below) (Middle Name or Initial, if used) DAY PHONE (Must be filled in) RES. PHONE EMPLOYERS NAME AND MAILING ADDRESS (If applicable) CHANGE OF ADDRESS (If different than above) (Number & Street, Rural or P.O. Box) CITY\_\_\_\_\_STATE\_\_\_\_ZIP CODE\_\_\_\_\_ **EASY INSTRUCTIONS:** 1. DETERMINE YOUR SELECTIONS FROM THE OTHER SIDE. 2. MAKE A CHECK PAYABLE TO LMI NOTARY SERVICE. 3. FOR CREDIT CARD CHARGES, COMPLETE THE FOLLOWING: NAME OF CARDHOLDER: ACCOUNT#: TYPE OF CARD: [ ] VISA [ ] MASTERCARD EXPIRATION DATE: SIGNATURE OF CARDHOLDER 4. MAKE ANY NECESSARY CHANGES TO NAME AND ADDRESS ABOVE. 5. RETURN THIS FORM WITH APPLICABLE CHECK IN ENCLOSED SELF-ADDRESSED ENVELOPE. 6. IF NOT SELECTING E & O INSURANCE, THE FOLLOWING MUST BE COMPLETED: I HAVE BEEN OFFERED NOTARY PUBLIC ERRORS & OMISSIONS INSURANCE FOR MY PERSONAL PROTECTION. HOWEVER, I ELECT TO DECLINE THE COVERAGE. DATE

Return to:

LMI NOTARY SERVICE \* 208 JAMES ST., SUITE B SEATTLE, WA 98104
1-800-886-5299 Fax (206) 628-4690 MONTNOT2

### Instructions for Renewing a Notary Commission: "REAPPOINTMENT"

The single, most-frequently asked question for the notary section of the Secretary of State's office is: "How do I renew my commission?" Following the enactment of SB299, there is a difference between the initial and subsequent appointments.

Effective July 1, 2010 you are eligible for reappointment as a Montana Notary Public if you meet the following criteria:

- You are currently commissioned as a Notary Public for the State of Montana, and;
- You successfully submit the required documents within the sixty day statutorily allowed time period. (Thirty days before your commission expires and thirty days after.) If you submit your documents too early, they will be returned and must be resubmitted. If you miss the deadline, you will have to apply for a "new" commission and complete a certified training course before submitting the documents again.

When you have determined that you qualify for a reappointment, then follow the steps below:

- 1. Make arrangements to obtain a \$10,000 surety bond written for a term of four years. These are available through most insurance companies licensed to do business in the state of Montana. A surety bond is not insurance for the notary. It is meant to protect the public from any claim made against the State as a result of your actions. In the event of such a claim, the bonding company would look to you, the notary, for repayment of the claim amount. You may wish to discuss with your insurance agent the need for Errors & Omissions Insurance to provide personal coverage to protect yourself.
- 2. Fill out the form titled, "Application, Statement, and Oath of Office for REAPPOINTMENT to a Commission as a Notary Public". This form must be correctly notarized. A copy is on the next page.
   Enter your name exactly the way you normally make your signature. This is the name in which your notary commission will be issued and it must match the name on the surety bond and your signature. (If your legal name is "John Quincy Public", but you normally sign "J. Q. Public", then enter J. Q. Public on the application.)
   Make sure you follow the directions on the form and provide all the information requested. Incomplete applications will be returned for completion; this will delay the processing of your commission request. Be sure to include your mailing address to ensure delivery of your Certificate of Commission.
   When you receive the bond:
   Make sure all appearances of your name on both the application and the bond are exactly the same.
   If the city and county are listed on the bond make sure they are where you live, not where you work.
- 4. Send the **original** application form and bond and the filing fee of \$25 (check or money order) **within 30 days** (before or after) of the effective date of the bond (if shown) to:

Montana Secretary of State Certifications and Notary Services PO Box 202801 Helena MT 59620-2801

☐ Sign the bond on the line for the "Principal".

The Secretary of State's website, <a href="http://sos.mt.gov/">http://sos.mt.gov/</a>, will always have the most current and updated information, as well as any necessary forms and instructions. You are encouraged to visit the website, or feel free to contact the office at (406) 444-5379 or (406) 444-1877.

Montana Secretary of State Certifications and Notary Services PO Box 202801 Helena MT 59620-2801

APPLICATION, STATEMENT, AND OATH OF OFFICE FOR **REAPPOINTMENT** AS A NOTARY PUBLIC

Filing Fee \$25.00

10/1/10

NOTE: The applicant's name on	this form and the associate	<u>ated surety bond ma</u>	<u>ust be exactly the same!</u>	
Vous Nome				
Your Name (as it appears on the enclosed bond and wi	ll be on your commission cert	ficate and official seal		
Date of Birth	Email address			
Expiration Date of Current Commission	Name on Current C	ommission		
Home Mailing Address				
	11/	ME ( CELL) DII	NIE	
Street/Box #	HC	OME (or CELL) PHO	ONE	-
City		State MT	Zip	
City		State WII	Zip	
Physical/Residence Address (if different)				
Street		Apt/U	nit	
City		_ State <u>MT</u>	Zip	
Employment Information*				
	·	WORK PHONE		_
Employer Name				
Employer Address City	State		Zip Code	-
*If you are presently unemployed or retired, please enter address.	"N/A" for Employer. Enter "\	Vork at Home" if your v	work address is the same as your home	
S	FATEMENT & OATH	of OFFICE		
Montana affirm, and at the date hereon swear that: I an required by Montana law, I have never been convicted information on this application is true and complete to the the State of Montana.	n eighteen (18) years of age of a felony, I have never had	r older, I have resided a Notary Commission	denied, revoked, or restricted in any stat	f time te, the
I do solemnly swear (or affirm) that I will support, protecthat I will discharge the duties of my office of Notary Pub				a, and
Applicant's signature				
	(Must match the name printed/	yped above and on bon	d!)	
County of				
Sworn to and subscribed before me thisday of	A.D.	20, by		
	(Signature of Notary			
	[Montana notaries n	ust complete the follo	wing if not part of stamp at left]	
	(Printed name of no	* * *		
(Affix Notarial Seal/Stamp Above)	My commission exp	res:		