LMI NOTARY SERVICE 208 JAMES ST. SUITE B SEATTLE, WA 98104 TEL:(206)622-2643 * 1-800-886-5299 FAX: (206)628-4690 www.BeANotary.com EMAIL: renewal@BeANotary.com

www.BeANotary.com

The State of Washington has updated their process and becoming a notary has been simplified! To bypass completing this form APPLY ONLINE at www.BeANotary.com

OR:

1.Complete this form and obtain the following:

Your mandatory \$10,000.00 Notary Bond Optional Errors & Omissions Insurance, Notary marking device(s), supplies, and optional notary seminar.

2. Return via email. fax or mail to LMI Notary Service.

3. On receipt we will create and send your new notary bond to you.

4. Upload a copy of your signed bond to the DOL online at: http://www.dol.wa.gov/business/notary/nrenew.html and pay the \$30.00 licensing fee to them directly. You can obtain your license number here first if you need: https://fortress.wa.gov/dol/dolprod/ bpdLicenseQuery/

5. Send a copy of your new notary license once you have received it from the DOL so we can create and ship your new supplies

PLEASE USE THE FOLLOWING TO COMPUTE THE PRICE FOR THE OPTIONS YOU NEED ANDATODV

MANDAIORY			CO21	TIP	IUIA
Notary Bond (\$10,000) required by state			\$50.00	1	50.00
Notary License Fee required by state			\$30.00		
State Filing Handling Fee			\$15.00		
OR I will file my LMI Notary bond and pay the \$30.00 State fee directly with DOL	: PLEASE I	NITIAL		_	
OPTIONAL Errors & Omissions Insurance				_	
Errors & Omissions Insurance (\$15,000.00) (equates to \$1.05/month)			\$50.00		
Errors & Omissions Insurance (\$25,000.00) (equates to \$1.25/month)			\$60.00		
Errors & Omissions Insurance (\$30,000.00) (equates to \$1.46/month)			\$70.00		
I understand that by not selecting one of the Error and Omission Insurance Opt personal coverage or protection as a Notary Public; PLEASE INITIAL	ions that I w	vill have no	o	_	
MARKING DEVICES (includes shipping, handling and tax)					
1 Embossing Seal with handle and pouch			\$54.00		
Embossing Seal Recut Present Clip for Change of Name & Year (Not shown)	_		\$38.50		
2 Pre-Inked Slim Style Circular "Hockey Puck" Stamp	Blk	Other	\$57.75		
3 Pre-Inked Slim Style Rectangular Stamp	Blk	Other	\$57.50		
4 Pre-Inked Circular Stamp	Blk	Other	\$57.75		
5 Pre-Inked Rectangular Stamp	Blk	Other	\$57.50		
6 Self-inking Circular Rubber Stamp	Blk	Other	\$57.00		
7 Rubber Stamp (requires stamp pad)	Circular	Rect	\$43.00		
8 Notary Public Record Book room for 500 entries			\$28.00		
Seal Highlighter For use with embossers (Not shown)		Blk	\$27.00		
LMI Educational Notary Seminar (Not shown)			\$125.00		
		GRAN	D TOTAL		
		7	8	and a state of the	
dholder Name: Card Number:	I Address _	Expiry	Date:	MM/YY	ΥY
curity Code: 3 digits on back of card Cardholder Signature		_			
ase enter new address if different from above:					





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If our office is filing your bond with the DOL for you, you <u>must</u> complete the below included State Application form for reappointment

DD/MM/YYYY

Current Notary Term Expiration Date:

A Applicant information					
Notary Appointment Name (Name as you will sign notarizations and as you would like it to appear on your notary seal/certificate) See page 1 Instructions					
Social Security number required*		Birthdate (mm/dd/yyyy)			
Mailing address (PO Box or street including	g apartment/suite #, City, State, ZIP code)				
(Area code) Telephone number	Email				
Full legal name (First, Middle, Last) no initi	als				
Check one					
I am a Washington resident					
□ I work or conduct business in Washington and am a resident of □ Oregon □ Idaho					
Answer the following					
Can you read and write English? 🗌 Yes 📃 No					
Have you ever been a Notary Public in the state of Washington?					
If yes , under what names?					

*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it will result in denial of your application.

Personal data

If you answer "Yes," to any of the questions below, attach a detailed explanation.

In this state or any other jurisdiction are you or have you:

1.	Within the last 10 years, defaulted or been convicted of or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic offenses.)	🗆 No
2.	Currently under indictment, or is there a criminal complaint, charge, or information pending against you?	🗆 No
3.	Within the last 10 years, had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you?	🗆 No
4.	Within the last 10 years, had any civil court order, verdict, or judgment entered against you? \Box Yes	🗆 No

I certify under penalty of perjury that all the information I have provided is true, complete and correct.						
Name:	Signature:	Date:	DD/MM/YYYY			

	by three residents of Washington State who ar	e not related to you (no family members)
Endorser #1		
I, Printed name of endorser	, being a person eligible to vote	
Washington, believe t	he applicant for a notary appointment,	, who is not
related to me, to be a	person of integrity and good moral character and c	apable of performing notarial acts.
	X	
	Signature of endorser	Date signed
		Date signed
	Address of endorser (PO Box or street, City, State, ZIP code)	
Endorser #2		
l,		_, being a person eligible to vote in the state of
Printed name of endorser		
Washington, believe t	the applicant for a notary appointment, Printed name of a	, who is not
0	Printed name of a	pplicant
related to me, to be a	person of integrity and good moral character and c	apable of performing notarial acts.
,		
	<u>X</u>	
	Signature of endorser	Date signed
	Address of endorser (PO Box or street, City, State, ZIP code)	
Endorser #3		la de la companya de la la companya de la companya
I, Printed name of endorser		, being a person eligible to vote in the state of
Washington, believe t	the applicant for a notary appointment,	, who is not
related to me, to be a	person of integrity and good moral character and c	apable of performing notarial acts.
	v	
	Signature of endorser	Date signed
	Address of endorser (PO Box or street, City, State, ZIP code)	

Important!

You (the Notary Public applicant) must complete this page in front of a Notary Public.

If *all* of the instructions below are not followed correctly, you will have to complete and submit a new Declaration of Applicant and your Notary Public appointment will be delayed.

Instructions for the applicant

- 1. The Notary Public will properly identify you and place you under oath.
- 2. After the Notary places you under oath, you must:
 - Swear to or affirm that the information in the Declaration of Applicant is true.
 - Print your Notary Appointment Name on the Declaration exactly as it appears in section A of your application.
 - Sign the Declaration in front of the Notary, using your Notary Appointment Name exactly as it appears in section A of your application.
 - Date the Declaration in front of the Notary.

Instructions for the Notary Public

- 1. Confirm the identity of the applicant and place him/her under oath.
- 2. Have the applicant swear to (or affirm) the information in the Declaration of Applicant.
- 3. Have the applicant sign and date the Declaration of Applicant.
- 4. Fill in the name of the county in which you are notarizing.
- 5. Date the Declaration of Applicant. This date must match the date the applicant signed.
- 6. Sign your name exactly as it appears on your stamp or seal.
- 7. Print your name under your signature. Your title is "Notary Public."
- 8. Fill in the expiration date for your Notary Public appointment.
- 9. Affix your stamp or seal in the space indicated.

Failure to follow any of these instructions by you or the Notary will result in the delay of your license.

D Declaration of applicant

I, Print your Notary Appointment Name exactly as shown	n in section A of this applie	cation,	solemnly swear or affirm un	der penalty of	
perjury that the personal information I have provided in this application is true, complete, and correct; that I have carefully read the materials available at the Notary Public website describing the duties of a notary public in and for the state of Washington; and, that I will perform to the best of my ability, all notarial acts in accordance with the law. I have carefully read the questions in the foregoing application and have answered them completely, and pursuant to RCW 9A.72.085, I declare under penalty of perjury under the law of the state of Washington that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my appointment as a notary public in the state of Washington.					
State of Washington	Applicant: sign here	X Sign using your Notary Ap	opointment Name	Date signed	
County of					
On this day,,,	Applicant full legal name		appeared	before me,	
signed this Declaration of Applicant, and swore (or affirmed) that he/she understood its contents and that its contents are truthful.					
		Signature			
(Seal or stamp)		Printed or stamped name			
		^{Title} My appointment ex	xpires		