

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

YOUR NOTARY PUBLIC APPOINTMENT IS UP FOR RENEWAL RENEW ONLINE

www.BeANotary.com

The State of Washington has updated their process and renewing your notary has been simplified! To bypass completing this form, **RENEW ONLINE** at <u>www.BeANotary.com</u>

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

MANDATORY			COST	QTY	TOTA
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 wi	ith 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)					
I understand that by not selecting one of the Error and Omission Insurance personal coverage or protection as a Notary Public; PLEASE INITIAL	ce Options that I w	vill have no		_	
MARKING DEVICES (includes shipping, handling and tax)					
Embossing Seal with handle and pouch			\$54.00		
Emphassing Coal Deput Duncout Clin for Change of Name 9 Very (Not shown	\		420.50		
Embossing Seal Recut Present Clip for Change of Name & Year (Not shown	_		\$38.50		
Pre-Inked Slim Style Circular "Hockey Puck" Stamp) Blk	Other	\$38.50		
	·	Other Other	•		
Pre-Inked Slim Style Circular "Hockey Puck" Stamp	Blk		\$57.75		
Pre-Inked Slim Style Circular "Hockey Puck" Stamp Pre-Inked Slim Style Rectangular Stamp	Blk Blk	Other	\$57.75 \$57.50		
Pre-Inked Slim Style Circular "Hockey Puck" Stamp Pre-Inked Slim Style Rectangular Stamp Pre-Inked Circular Stamp	Blk Blk Blk	Other Other	\$57.75 \$57.50 \$57.75		
Pre-Inked Slim Style Circular "Hockey Puck" Stamp Pre-Inked Slim Style Rectangular Stamp Pre-Inked Circular Stamp Pre-Inked Rectangular Stamp	Blk Blk Blk Blk	Other Other Other	\$57.75 \$57.50 \$57.75 \$57.50		
Pre-Inked Slim Style Circular "Hockey Puck" Stamp Pre-Inked Slim Style Rectangular Stamp Pre-Inked Circular Stamp Pre-Inked Rectangular Stamp Self-inking Circular Rubber Stamp	BIK BIK BIK BIK BIK	Other Other Other Other	\$57.75 \$57.50 \$57.75 \$57.50 \$57.00		
Pre-Inked Slim Style Circular "Hockey Puck" Stamp Pre-Inked Slim Style Rectangular Stamp Pre-Inked Circular Stamp Pre-Inked Rectangular Stamp Self-inking Circular Rubber Stamp Rubber Stamp (requires stamp pad)	BIK BIK BIK BIK BIK	Other Other Other Other	\$57.75 \$57.50 \$57.75 \$57.50 \$57.00 \$43.00		
Pre-Inked Slim Style Circular "Hockey Puck" Stamp Pre-Inked Slim Style Rectangular Stamp Pre-Inked Circular Stamp Pre-Inked Rectangular Stamp Self-inking Circular Rubber Stamp Rubber Stamp (requires stamp pad) Notary Public Record Book room for 500 entries	BIK BIK BIK BIK BIK	Other Other Other Other Rect	\$57.75 \$57.50 \$57.75 \$57.50 \$57.00 \$43.00 \$28.00		

l authorize LMI Nota	ry Service to char	ae to followina cred	dit card: Type:	VISA AMEX	mail Address			
Cardholder Name:			ard Number:			_ Expiry Date:	MM/YYYY	
Security Code:	3 digits on back of card	Cardholder	Signature			_		
Please enter new ad	dress if different fr	om 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

Current Notary Term Expiration	n Date: DD/MM/YYYY				
Applicant information	_				
Applicant information Notary Appointment Name (Name as you		Id like it to appear on your notary seal/certificate) See page 1 Instructions	8		
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				
(Area code) relephone manaci	Lina				
Full legal name (First, Middle, Last) no initia	als				
Check one					
I am a Washington resident I work or conduct business	t in Washington and am a resid	ent of Oregon Oldsho			
Answer the following					
Can you read and write Englis	sh?	🔲 Yes [□ No		
Have you ever been a Notary If yes, under what names? _	Public in the state of Washingt	on?	_ No		
		curity number (SSN) for use in child support enforcement programs (4	42USC		
666(a)(13) and RCW 74.20A.320). It may of your SSN is mandatory; failure to sub	ay also be used for education loan repa	syment programs and identification of records with similar names. Sul	bmission		
: Personal data					
If you answer "Yes," to any of t	the questions below, attach a c	letailed explanation.			
In this state or any other jur	isdiction are you or have yo	u:			
		r entered a plea of no contest to a			
		offenses.)	⊔ No		
2. Currently under indictment, or is there a criminal complaint, charge, or information pending against you?					
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?					
4. Within the last 10 years, ha	d any civil court order, verdict,	or judgment entered against you? \Box Yes $\ \ \ \ \ \ \ \ \ \ \ \ \ \ $	□ No		
I certify under negative of per	iury that all the information	I have provided is true, complete and correct.			
receiving under penalty of per	jary that an the information	•			
Name:	Signature:	Date: DD/MM/YYYY			