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info@beanotary.com

Finest Quality, Fastest Service, At The Lowest Possible Cost!

IMPORTANT

Thank you for choosing LMI Notary Service to assist with your Notary appointment. It is our mission to provide you with the best service and quality products that you will need to have while commissioned as a Notary Public.

Below is a checklist for you to follow to complete your process:

- ☐ 1. Download your Notary Bond from www.BeANotary.com
- ☐ 2. Have your signature notarized on your Notary Bond.
- ☐ 3. Complete the required State application (page 2-3) and have your signature notarized on this form as well. The State application can also be found here:
<http://www.nd.gov/eforms/Doc/sfn11001.pdf>
- ☐ 4. Mail the **original** of your completed Notary Bond and State application to LMI for processing and filing.
- ☐ 5. We will file your Notary Bond, State application, and your \$36.00 licensing fee with the Secretary of State for you.
- ☐ 6. If you ordered a notary seal or stamp, you will need to upload your new **certificate of authorization** to www.BeANotary.com so we may produce and ship it to you.
- ☐ 7. You will receive your new **certificate of authorization** from the Secretary of State as soon as they have processed it. You will need to affix an impression of your stamp on the certificate and return it to:

Secretary of State/North Dakota
600 East Boulevard Ave #108
Bismarck, ND 58505-0500

After your certificate is received, approved, and filed the Secretary of State will issue your official commission.

Call with any questions you may have during this process!

ND_LMI_RENEW



NOTARY APPLICATION
SECRETARY OF STATE
SFN 11001 (06-2015)

FILING FEE: \$36.00

For Office Use Only

ID Number:	
WO Number:	
Filed:	By:
Expiration Date:	
Secretary of State State of North Dakota 600 E Boulevard Avenue Dept 108 Bismarck ND 58505-0500 Telephone: 701-328-2901 Toll Free: 800-352-0867 Ext 328-2901 Website: sos.nd.gov	

For reference, see North Dakota Century Code, Chapter 44-06.1.

SEE INSTRUCTIONS FOR FEE, FILING AND MAILING INFORMATION

1. Prefix <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		2. Applicant's Name (REVIEW INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING)		3. Social Security Number (optional)																
4. Home Mailing Address		City		State	ZIP Code															
5. Work Mailing Address		City		State	ZIP Code															
6. Home Telephone Number	7. Work Telephone Number		8. Email Address (optional)																	
9. Spouse's Complete Name (if applicable)			10. If not a North Dakota resident, list the County and State of Residence and the North Dakota City where the applicant works (if applicable)																	
11. Type of Application <input type="checkbox"/> New Commission <input type="checkbox"/> Renewal of Commission				12. Previous Expiration Date (if applicable)																
13. ALL applicants must answer the following questions. If YES, attach a written explanation and ALL legal documentation, if applicable.																				
<table border="0"><tr><td>YES</td><td>NO</td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Have you ever been the subject of any inquiry or investigation by any agency of the state of North Dakota?</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Has any occupational license held by you in any state (including North Dakota) been censured, suspended, revoked, cancelled, or terminated; or have you been subject to any type of administrative action in any state (including North Dakota)?</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Have you ever been convicted of or entered a guilty plea to any criminal offense (felony, misdemeanor or infraction) <u>other than</u> traffic violations, in any city, state or federal court?</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Have you ever been a defendant in any lawsuit involving claims of fraud, misrepresentation, coercion, mismanagement of funds, breach of fiduciary duty or breach of contract?</td></tr></table>						YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been the subject of any inquiry or investigation by any agency of the state of North Dakota?	<input type="checkbox"/>	<input type="checkbox"/>	Has any occupational license held by you in any state (including North Dakota) been censured, suspended, revoked, cancelled, or terminated; or have you been subject to any type of administrative action in any state (including North Dakota)?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of or entered a guilty plea to any criminal offense (felony, misdemeanor or infraction) <u>other than</u> traffic violations, in any city, state or federal court?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been a defendant in any lawsuit involving claims of fraud, misrepresentation, coercion, mismanagement of funds, breach of fiduciary duty or breach of contract?
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<p align="center">AFFIDAVIT OF QUALIFICATIONS AND OATH OF OFFICE (in presence of a commissioned notary)</p> <p>I, the undersigned, being first duly sworn, hereby state that I am over the age of eighteen, a citizen or permanent resident of the United States, a North Dakota resident, am employed in North Dakota or reside in a county that borders North Dakota and which is in a state that extends reciprocity to a notary public who resides in a bordering county of this state, and I desire to become a commissioned notary public in the state of North Dakota for a period of six years.</p> <p>I do solemnly swear (or affirm) that I will support the Constitution of the United States, and the Constitution of the state of North Dakota and that I will faithfully discharge the duties of the office of notary public according to the best of my ability, so help me God or under pains and penalties of perjury.</p>																				
14. Signature (sign exactly as provided in box 2 above - this will be the manner in which you will sign your name when performing notarial acts)				ATTENTION: MUST BE SIGNED IN THE PRESENCE OF A NOTARY!																

State	County	Notary Stamp
Signed and sworn to (or affirmed) before me on	Date	
Signature of Notary Public or Other Authorized Officer		
Commission Expiration Date (if not listed on stamp)		



CREDIT CARD PAYMENT AUTHORIZATION

SECRETARY OF STATE

SFN 51478 (04-2014)

(All items required to complete transaction)

Name			Amount Authorized	
Address			City	State
Telephone Number			ZIP Code	
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover			Signature (Required by Credit Card Companies)	
Account Number		CSC Number *	Card Expires Month Year	Date

* (CSC is the three-digit security code on the back of your card by the signature)