



Complete Application, and Oath

- Your application and oath of office need to be notarized by a Mississippi notary.

Select additional Notary supplies from our Order Form

- **Notaries should use a journal as required by the State—select item B** from the order form.
- **E&O Insurance is highly recommended** as it protects you the notary. Notary Bonds protect the public, not you.

Send your payment information with the application and Bond

- To: **Huckleberry Notary Bonding, Inc**, PO Box 940489, Maitland, FL 32794-0489.

After the State issues your Notary Commission

- When the Secretary of State issues your commission, it will be mailed to you.
- When you receive your appointment letter, please fax it to us at **1-800-224-6368**.
- We normally ship your notary seal and supplies within 4-5 days of receiving your fax.
- Please understand the normal time it takes the state to approve notaries is 6-8 weeks.
- We are committed to expediting your notary seal and supplies to you in a timely manner.
- Again, we must have a copy of your appointment letter issued by the state to manufacture your notary seal and to finalize your notary bond.
- Fax it to **1-800-224-6368** or scan and email it to us at info@notaries.com.

We are here for you. Any questions or comments, please call us at 1-800-422-1555.

HUCKLEBERRY NOTARY BONDING INC . • TOLL FREE 800.422.1555 • FAX 800.224.6368

MISSISSIPPI SECRETARY OF STATE
POST OFFICE BOX 136
JACKSON, MISSISSIPPI 39205-0136

APPLICATION FOR NOTARY PUBLIC COMMISSION

This application must be typed or printed in ink. This form is designed to be completed and printed from your computer. You will not be able to save the form on your computer unless you have the appropriate software. Fields marked with an asterisk (*) are required. Return completed Application, Bond, and Oath together with the \$25.00 fee to the Secretary of State's Office.

This is a *New Commission or Current Expiration date: _____ *; Notary ID Number _____
(Check only one) (Date of current commission)

I, _____ * hereby make application for
(Type or print name exactly as you wish it to appear on your certificate. Do not use nicknames or aliases.)

appointment to the office of Notary Public.

Under penalty of perjury, I hereby certify that: I have read the instructions and the Notary Public Regulations and understand the qualifications for appointment to the office of Notary Public; I am at least 18 years of age and I have never been convicted of a disqualifying felony; I can read and write the English language; I am a Citizen or other legal resident of the United States; and I have been a legal resident for more than thirty (30) days in the State of Mississippi and reside at the following physical address:

Street Address: _____ * City: _____ , * Mississippi Zip: _____

Telephone No: _____ * Mississippi Driver's License No _____ * Date of Birth: _____ *
(Or Non-Driver State ID No.)

County of Residence: _____ * PIN _____ *
(Any 4 digit numbers such as last four digits of SSN, DL, ID, or etc.)

Optional mailing address: _____ City: _____ , Mississippi Zip: _____

NOTICE: After filing with the Secretary of State's Office this document is a public record. The Secretary of State's Office collects certain sensitive personal information to determine your eligibility for the Office of Notary Public.

Please include a business/employer address and telephone number as you would like it to appear in the Notary Directory. If you do not include this information, you will be listed in the Notary Directory at your mailing or residential address.

Business Name: _____ Job Title: _____ Telephone: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Street address: _____ City: _____ State: _____ Zip: _____

I swear or affirm that the above information is true and correct. _____
Applicant Signature

Sworn to and subscribed before me this _____ day of _____ , 20__ .

State of Mississippi
County of: _____

Notary Public SEAL

My Commission Expires: _____

**STATE OF MISSISSIPPI
OFFICIAL NOTARY PUBLIC BOND**

STATE OF MISSISSIPPI
COUNTY OF _____

KNOW ALL PERSONS BY THESE PRESENTS: THAT WE, _____ AS PRINCIPAL
(Applicant's Name)

AND _____
(Surety's Name)

A CORPORATION DULY LICENSED TO DO BUSINESS IN THE STATE OF MISSISSIPPI, AS SURETY, ARE HELD AND FIRMLY BOUND UNTO THE STATE OF MISSISSIPPI SUM OF FIVE THOUSAND (\$5,000) FOR THE PAYMENT OF WHICH, WELL AND TRULY TO BE MADE WE BIND OURSELVES, OUR HEIRS, EXECUTORS AND ADMINISTRATORS JOINTLY AND SEVERALLY BY THESE PRESENTS.

THE CONDITION OF THIS BOND IS SUCH: WHEREAS, THE ABOVE NAMED PRINCIPAL HAS BEEN APPOINTED A NOTARY PUBLIC FOR THE STATE OF MISSISSIPPI FOR A TERM OF FOUR (4) YEARS FROM _____ SHALL FAITHFULLY PERFORM THE DUTIES OF SAID OFFICE OF NOTARY PUBLIC, THEN THIS SHALL BECOME NULL AND VOID, OTHERWISE IT SHALL REMAIN IN FULL FORCE AND EFFECT FROM THE DATE OF THE COMMISSION.

WITNESS OUR HANDS ON THIS _____ DAY OF _____, 20_____.

RLI Indemnity Company _____ 15007419 _____
Insurance or Bonding Company License No.

BY DO NOT SIGN HERE _____ 10065256 _____
Attorney In Fact Mississippi License No.

Huckleberry Notary Bonding, Inc. _____
Agency Name

HOME OFFICE: P.O. BOX 940489 MAITLAND FL 32794 _____
Agency Address City State Zip Code

Agency Telephone Number

SOS Form NP 002

Signature of Principal (Applicant)

**STATE OF MISSISSIPPI
NOTARY PUBLIC OATH OF OFFICE**

I, _____, do solemnly swear (or affirm) that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi, and obey the laws thereof; that I am not disqualified from holding the office of Notary Public ; that I will faithfully discharge the duties of the office upon which I am about to enter. So help me God."

Applicant

State of Mississippi
County of _____

Sworn to and subscribed before me this the _____ day of _____, 20_____.

SEAL

SOS Form NP 003

Notary Public
My Comm. expires: _____