

NOTARY DIVISION

OFFICE OF THE SECRETARY OF STATE
 STATE HOUSE, ANNAPOLIS, MARYLAND 21401
 Email: dlnotary_sos@maryland.gov or call (888) 874-0013

TYPE OF APPLICATION:
NEW __ RENEWAL __

If renewing, place notary seal next to the "State Office Use Only" box.

PLEASE READ APPLICATION CAREFULLY AND PRINT CLEARLY.

To apply for your Maryland Notary Public commission, complete and return this application to the above address along with a copy of your driver's license or valid photo I.D. or valid government issued photo ID verifying your address and a non-refundable **\$9.00** fee by check or money order made payable to the **Secretary of State**. Please note that applications not accompanied by the processing fee will NOT be processed. Please do NOT staple your fee to this application. There will be a \$25.00 fee for all returned checks. Any questions email us at dlnotary_sos@maryland.gov or call (410) 974-5520.

Maryland Residents: Call the **Elections Office** in the county in which you reside or City of Baltimore or visit the website: www.mdelect.net to find the information requested below, and complete the following:

I am a resident of the _____ Legislative District, _____ County or Baltimore City____, represented by State Senator _____.

Non-Residents: I request to be commissioned in _____ County or Baltimore City_____.

How would you like us to notify you? __ Postcard __ Email

PLEASE PRINT ALL INFORMATION:

Legal name as it should appear on your commission.		<input type="checkbox"/> male <input type="checkbox"/> female	Date of Birth:
Permanent Home Address, City, State, Zip			Social Security# (Required)
Home Phone:	Email (Required):		
Name of employer/Self-employed	Occupation:		
Work Address, city, State, Zip			Work Phone

Have you ever had a Notary Public commission revoked in any state? Yes ___ No ___

Have you ever been convicted of a crime other than a minor traffic violation? Yes ___ No ___

Have you ever had any civil judgments in the last 7 years, satisfied or not? Yes ___ No ___

A thorough background check is conducted. If yes to any or all questions, please explain the nature of crime and/or civil judgment and the date of occurrence, on a separate sheet of paper, attach to this application.

RENEWALS ONLY:

If you have changed your name since you were commissioned, indicate old name _____

If your address changed since you were commissioned, indicate new county if this applies: New county _____

References: List 3 references (not family members or your employer) who may be contacted to attest to your character. (Optional for renewals); Email addresses are required-please print clearly.

Name:			Email:	<input type="checkbox"/> Male
Street Address:			Phone:	<input type="checkbox"/> Female
City:	Maryland	Zip:		
Name:			Email:	<input type="checkbox"/> Male
Street Address:			Phone:	<input type="checkbox"/> Female
City:	Maryland	Zip:		
Name:			Email:	<input type="checkbox"/> Male
Street Address:			Phone:	<input type="checkbox"/> Female
City:	Maryland	Zip:		

PLEASE READ AND INITIAL EACH STATEMENT.

- _____ A Maryland Notary Public must be familiar with and understand "The Handbook for Maryland Notaries Public" in its entirety. The handbook is located at the following website: www.sos.state.md.us
- _____ A notary must always be completely satisfied with the identity of the person whose signature is being notarized. A notary is not obligated to notarize a person's signature without being sure that the person is who he or she claims to be. Always check identification and be satisfied that the ID is valid.
- _____ A notary is **not authorized** to perform marriages, certify birth, marriage/death certificates or any act that constitutes the practice of law. A notary is not an attorney and cannot practice as one.
- _____ A notary must notify the Secretary of State of any changes to the information provided on this application in writing.
- _____ A notary must always keep a fair registry book no matter how many or few notaries they perform.
- _____ A notary must contact the notary division if you are performing e-notarizations. Additional information must be provided. Call or email office at 410-974-5520 or dlnotary_sos@maryland.gov .
- _____ Do you read and write English? Yes ___ No ___. If no, please specify your primary language _____
- _____ Are you a registered voter in Maryland? Yes ___ No ___. If no, what state? _____
- _____ **The maximum fee by law a notary can charge is \$2.00 per notarial act.**
- _____ You will receive a postcard notifying you to pick up your commission at the Circuit Court in your county. When you receive the postcard, you must appear before the Clerk of the Circuit Court within 30 days to be sworn in for your new term. **Failure to be sworn in within 30 days will result in the revocation of the appointment and commission.** You will pay the Clerk a commissioning fee of \$11.00

I SOLEMNLY AFFIRM under penalties of perjury and upon personal knowledge that the contents of this application are true.	
Signature	Date

ATTACH A COPY OF DRIVER'S LICENSE OR VALID PHOTO I.D. THAT VERIFIES RESIDENCY AND THE FEE WITH APPLICATION

For Senator Use		
References contacted? ___Y___N	Verified employment? ___Y___N	
Background checked? ___Y___N		
APPROVED _____	DENIED _____	
SENATOR'S SIGNATURE		
State Senator	Legislative District	Date

<p>For renewals, place seal here</p>
