

**Maryland NOTARY PUBLIC APPLICATION**

OFFICE OF THE SECRETARY OF STATE  
 STATE HOUSE, ANNAPOLIS, MARYLAND 21401  
 Email: [dnotary\\_sos@maryland.gov](mailto:dnotary_sos@maryland.gov) or call (410) 974-5521

**TYPE OF APPLICATION:**  
**NEW \_\_\_ RENEWAL \_\_\_**  
**If renewing, place notary seal next to the "State Senator Use Only" box.**

**PLEASE READ APPLICATION CAREFULLY AND PRINT CLEARLY.**

To apply for your Maryland Notary Public Commission you must do the following:

1. Complete and submit this application to the above address along with a copy of your Driver's License or MVA State Identification Card that has your current address.
2. If the address on your ID does not match your application, please provide a change of address card from the MVA that shows the address on your application as your actual home address.
3. Submit a non-refundable **\$9.00 fee** by check or money order made payable to the **Secretary of State**. A \$25.00 fee will be charged for all returned checks.
4. If you have any questions, email us at [dnotary\\_sos@maryland.gov](mailto:dnotary_sos@maryland.gov) or call (410) 974-5521.
5. If your application is approved, you will receive an email explaining what to do next. Check your Spam folder, not just your Inbox for that email.
6. The Clerk of the Court charges an additional fee of \$11.00 when you are sworn in. Check with the Clerk of the Court for accepted payment methods.

**Maryland Residents:** Call the Elections Office in the county in which you reside or City of Baltimore or visit the website: [www.mdelect.net](http://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 \_\_\_\_\_.

**You will be notified of the decision about your application by email.**

Please check the box to the left if you do **not** want your name and email shared with businesses.

**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/Cell 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, and attach to this application.

**RENEWALS ONLY:**

If you have changed your name, indicate prior name \_\_\_\_\_

If your address has changed, indicate new county if this applies: \_\_\_\_\_

**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 (Required):	
Street Address:			Phone:	<input type="checkbox"/> Male
City:	State:	Zip:		<input type="checkbox"/> Female
Name:			Email (Required):	
Street Address:			Phone:	<input type="checkbox"/> Male
City:	State:	Zip:		<input type="checkbox"/> Female
Name:			Email (Required):	
Street Address:			Phone:	<input type="checkbox"/> Male
City:	State:	Zip:		<input type="checkbox"/> Female

**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: <http://sos.maryland.gov>
- \_\_\_\_\_ 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 this office 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](mailto: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 \$4.00 per notarial act.**
- \_\_\_\_\_ You will receive a postcard and/or email notifying you to pick up your commission at the Circuit Court in the county in which you reside. When you receive the notification, 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 an additional 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 YOUR DRIVER'S LICENSE OR MVA STATE IDENTIFICATION CARD AND THE \$9.00 FEE WITH THE APPLICATION**

<b>State Senator Use Only</b>		
References contacted? ___Y ___N	Verified employment? ___Y ___N	
Background checked? ___Y ___N	APPROVED _____	DENIED _____
<b>SENATOR'S SIGNATURE</b>		
State Senator	Legislative District	Date

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