

Important – Read instructions before completing this application.

| 1. Applicant's Information   |                             |                                  |                                |                     |                              |  |
|--|-----------------------------|----------------------------------|--------------------------------|---------------------|------------------------------|--|
| a. Social Security Number /Individual Taxpayer Identification No.  | b. Date of Birth            |                                  | c. Driver's License or ID      |                     |                              |  |
| d. Full Legal Name: First Name   | Middle Name                 |                                  | Last Name                      |                     |                              |  |
| Commission Name     Print your name exactly as commission.   | you want it shown on you    | ur commission. Your legal la     | ast name must match the la     | st name shown       | on your                      |  |
| First Name   | Middle Name                 |                                  | Last Name                      |                     |                              |  |
| 3. Applicant's Business and Residence Information  | 1                           |                                  |                                |                     |                              |  |
| a. Name of Principal Place of Business   |                             | b. County where business is      | s located (no abbreviations)   | c. Telephone        | Number                       |  |
|  |                             |                                  |                                | ( )                 |                              |  |
| d. Business Location Address - Do not list a P.O. Box  |                             | City (no abbreviations)          |                                | State CA            | Zip Code                     |  |
| e. Mailing Address, if different than item 3d  |                             | City                             |                                | State               | Zip Code                     |  |
| f. Residence Address - Do not list a P.O. Box  |                             | City (no abbreviations)          |                                | State CA            | Zip Code                     |  |
| 4. Background Information Attach additional pages, if r  | ecessary.                   |                                  |                                |                     |                              |  |
| a. List any names(s) previously used.  |                             |                                  |                                |                     |                              |  |
| b. Provide all details if you have been held liable by a court in any s  | uit based on fraud or misre | epresentation, failure to discha | rge the duties of a notary pub | lic, or violation o | f state regulatory law.      |  |
| c. Provide all details relating to any professional license or notary public commission denied, revoked, restricted or suspended.  |                             |                                  |                                |                     |                              |  |
|  |                             |                                  |                                |                     |                              |  |
| d. List all convictions by any court of a misdemeanor, or a felony, and provide all details for any arrest or citation for an offense for which a trial is pending.  |                             |                                  |                                |                     |                              |  |
| 5. Signature and Execution   |                             |                                  |                                |                     |                              |  |
| <ul> <li>I understand that any misstatements or omissions of material facts will result in the denial of my notary public application or revocation of my notary public commission and possible criminal liability.</li> <li>I declare that I am a legal California resident, or I am a federal civil service employee who is a United States citizen being appointed and commissioned on behalf of a military reservation.</li> </ul> |                             |                                  |                                |                     | For Filing Officers Use Only |  |
| I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.   |                             |                                  |                                |                     | ficers Use                   |  |
| Date: Signature:   |                             |                                  | Only                           |                     |                              |  |

## Instructions for Completing Form SOS/NP-30 Notary Public Application

Read all instructions and information carefully. Questions regarding this application should be directed to the Notary Public Section at (916) 653-3595.

- Complete in full the Notary Public Application.
- Only your official signature should be written, all other information should be typed or printed legibly in blue or black ink.
- Attach to this application a 2" x 2" color passport photograph of yourself.
- Attach to this application the proof of completion certificate (3-hour or 6-hour) received from the notary public education course provider.

## Complete the Notary Public Application (Form SOS/NP-30) as follows:

| Item | Instruction   | Tips  |
|------|---|---|
| 1a.  | Enter your full social security number or your individual taxpayer identification number.   |   |
| 1b.  | Enter the month, day and year you were born.  |   |
| 1c.  | Enter your driver's license number or, if you do not have a driver's license, enter your California identification number.  |   |
| 1d.  | Enter your full name; first, middle, last and suffix (Sr., Jr., III, etc.) if applicable.  Note: This name is public information and will be provided to the public upon request.   | <ul> <li>Do not alter your last name in any way. The name entered will be used for identification purposes and must match your picture identification used for entry to the examination.</li> <li>If you do not have a middle name, enter "NMN" in the appropriate space.</li> <li>If your first or middle name consists of an initial only, enter "Initial Only" following the initial.</li> </ul>   |
| 2.   | Type or print your name exactly as you want it to appear on your commission.  | <ul> <li>The first and middle names may include initials; however, a full last name is required.</li> <li>Your legal last name must match the last name shown on your commission. A full last name is required. If your last name is "Smith-Jones", you must enter "Smith-Jones". The use of "Smith" or "Jones" by itself is unacceptable.</li> <li>Titles and quotes are not acceptable.</li> <li>When you file your oath and bond with the county clerk, you will be required to present identification that must substantially match the requested commission name.</li> </ul> |
| 3a.  | Enter the name of your business.  | If you do not work for a business, do not have a<br>business name, or you are unemployed, enter "Self<br>employed" or "Self".   |
| 3b.  | Enter the name of your county where your business is located.   | Do not abbreviate the name of the county.     If you are unemployed, enter the name of the county that you live in.   |
| 3c.  | Enter the telephone number for your business.   | This is optional information only.  |
| 3d.  | Enter the street address of your business where you will perform 50% of more of your notary public duties.  Enter the city and zip code of your business location address.  Note: This address is public information and will be provided to the public upon request. | <ul> <li>Do not enter a P.O. Box number.</li> <li>Do not abbreviate the name of the city.</li> <li>If you are unemployed, enter your residence address.</li> <li>If you are self-employed, enter the address where you work.</li> </ul>   |
| 3e.  | Enter the address where you would like to receive notary public information, if different than your business address.  Note: This address is public information and will be posted on our website.  | <ul> <li>Your notary public commission will be mailed to this address.</li> <li>The mailing address may be a P.O. Box.</li> </ul>   |

| 3f. | Enter your residence address.   | Enter the address where you live.   |
|-----|---|---|
|     | Note: This address is public information and will be provided to the public upon request.   | Do not enter a P.O. Box number.   |
| 4a. | Enter any other name(s) you have used.  | This includes maiden name(s), prior married name(s), name used prior to U.S. citizenship, previous domestic partnership name(s), etc.   |
| 4.b | If you have been held liable by a court in any civil proceeding based on fraud or misrepresentation, failure to discharge the duties of a notary public, or violation of state regulatory law provide all details in the space provided.  | <ul> <li>Your application may be rejected if lawsuits exist and you do not provide the information.</li> <li>Attach additional page(s), if necessary.</li> </ul>  |
| 4c. | If applicable, enter the following information:  • Type of license;  • The name under which the license was issued;  • The date and reason of the revocation, denial, suspension, restriction; and,  • The name and address of the licensing agency.  | <ul> <li>Do not include information about the loss or suspension of a driver's license.</li> <li>Your application may be rejected if you do not provide the information.</li> <li>Attach additional page(s), if necessary.</li> </ul>   |
| 4d. | <ul> <li>If applicable, enter the following information:</li> <li>Enter the date and place where arrested or cited;</li> <li>Whether the conviction was for a misdemeanor or a felony;</li> <li>The name of the court and court case number;</li> <li>The sentence imposed; and,</li> <li>The date you were released from probation, parole, or incarceration.</li> <li>Note: The only exceptions are traffic infractions, offenses adjudicated in a juvenile court or under a youthful offender law, and any incident that has been sealed under Welfare and Institutions Code section 781 or Penal Code section 1203.45 (juvenile offenses).</li> </ul> | <ul> <li>DUI's must be disclosed.</li> <li>You must disclose any criminal charges pending in any court of law.</li> <li>All convictions must be disclosed, regardless of when or where occurring, even if you disclosed the conviction on a previous application for a notary public commission.</li> <li>Convictions that have been dismissed or expunged pursuant to Penal Code sections 1203.4 or 1203.4a also must be disclosed, regardless of the basis for expungement.</li> <li>Attach additional page(s), if necessary.</li> <li>To determine whether you have a conviction that may disqualify you for obtaining a notary public commission, refer to the disciplinary guidelines at www.sos.ca.gov/notary/disciplinary-guidelines for a list of the most common disqualifying convictions.</li> </ul> |
| 5.  | Enter the date signed.  Sign your name in the space provided.   | <ul> <li>Include the month, day and year.</li> <li>You must be a legal resident of California or a federal civil service employee, who is a United States citizen being appointed and commissioned</li> </ul>   |
|     | Note: This application is signed under penalty of perjury and must be signed.   | on behalf of a military base or military installation located within California.  |

## **Privacy Notification**

Civil Code section 1798.17 requires notice be provided when collecting personal and confidential information from individuals. Each individual has a right to review the personal information maintained by the Secretary of State relating to that individual, unless access is exempted by law. Upon request, the Secretary of State will inform any individual regarding the location of the individual's records and the category of persons who use the information contained in those records.

To obtain this information, contact Custodian of Records, Notary Public Section, P.O. Box 942877, Sacramento, California 94277-0001, Telephone (916) 653-3595. California Government Code section 8201.1 requires and authorizes collection of the application information and fingerprints. The information is mandatory unless otherwise noted. If all, or any part of the required information is not provided, processing of the application may be delayed until the required information has been provided, or the application may be denied.

The principal purposes for collecting and using this information are: (1) To determine the fitness of persons to serve in the capacity of notary public; (2) To determine if any disqualifying crimes have been committed by applicants; and (3) To enable the Secretary of State to carry out the duties required by law. Information on this form filed by the applicant with the Secretary of State, except for the name and address, is confidential and no record can be divulged by an employee having access to the record to any person other than the applicant, his/her authorized representative, an employee or officer of the federal government, the state government, or a local agency, as defined in California Government Code section 6252(b), acting in his/her official capacity, or by order of court. The names and addresses listed in Items 1, 2, and 3 are public information and will be provided to the public upon request.