



County Seal

MICHIGAN DEPARTMENT OF STATE
OFFICE OF THE GREAT SEAL

For County/Office Use Only

Table with 2 columns: Date of oath and bond; Oath administered by, and bond filed with; County name.

APPLICATION FOR NOTARY COMMISSION AND ATTORNEY REAPPOINTMENT

Use "none or "N/A" if applicable. Incomplete and/or illegible applications may be returned. NON-REFUNDABLE FILING FEE: \$10

*Are you are a resident of Michigan? [] Yes [] No

Form with fields for: Full Name, Driver's License or Personal ID #, State, County of Residence, Date of Birth, E-mail Address, County of Business, Residential Address, Business Address, Telephone Numbers, and Licensed Attorney information.

HISTORY section with YES/NO checkboxes and questions about convictions, notary commissions in other states, and revocation/suspension/cancellation of commissions.

ELECTRONIC AND REMOTE NOTARY section with YES/NO checkboxes and questions about performing electronic and remote notarial acts.

I hereby certify that I am 18 years of age or older; a resident of Michigan or maintain a principal place of business in Michigan; am a U.S. citizen or possess proof of legal presence; am able to read and write in the English language; am not currently incarcerated in a correctional facility or have served time during the immediate past ten years for a felony or misdemeanor offense in any state. I solemnly affirm, under the penalty of perjury, that the information provided in this application is true, complete, and correct; that I have carefully read the notary laws of Michigan; and that, if appointed and commissioned as a notary public, I will perform faithfully, to the best of my ability, all notarial acts in accordance with the law. I understand that all information contained on this application is subject to disclosure under the Freedom of Information Act, 1976 PA 442, MCL 15.231, et seq. I am enclosing the \$10.00 non-refundable application processing fee. Checks made payable to State of Michigan. If I am a licensed attorney, I certify that I am in good standing with the State Bar of Michigan.

COMMISSION NAME:

I have printed/typed my name as I wish to be commissioned. I understand that my name must appear exactly as I have printed/typed it above for all notarizations for the duration of this commission.

SIGNATURE:

Sign your name as it will appear on all documents you notarize. I understand that my signature must appear exactly as I have signed it above for all notarizations for the duration of this commission.