

# NEBRASKA SECRETARY OF STATE

## Business Services Division: Notary

1445 K St., 1301 State Capitol Bldg.

P. O. Box 95104 \* Lincoln, NE 68509

[www.sos.ne.gov](http://www.sos.ne.gov)

### RENEWAL APPLICATION FOR NOTARY COMMISSION

Please type or print legibly in black ink. Applications will be rejected for incomplete responses.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Home Address			
Street Address		Apartment/Unit #	
PO Box (if any)			
City	State	Zip	
Home Phone		E-mail Address (optional)	
Business Address (Required for non-resident applicant, optional for resident applicant)			
Company Name			
Street Address			
City	State	Zip	
Work Phone		Extension	
<i>Non-resident applicants must also submit an Evidence of Employment in Nebraska form.</i>			
NOTARY PUBLIC QUALIFICATIONS IN THE STATE OF NEBRASKA			
<b>Since last commissioned:</b>			
1. Have you been convicted of a felony?      YES <input type="checkbox"/> NO <input type="checkbox"/>	3. Has your name changed?      YES <input type="checkbox"/> NO <input type="checkbox"/>		
2. Have you been convicted of a crime involving fraud or dishonesty?      YES <input type="checkbox"/> NO <input type="checkbox"/>	3a. If yes, please give previous name:		
2a. If yes, please detail the conviction, the state and the date of the crime: (attach additional pages if needed)	4. If you are bilingual, would you allow your name to be placed on a list of bilingual Notaries?      YES <input type="checkbox"/> NO <input type="checkbox"/>		
	4a. List languages in which you are fluent:		
NOTARIAL OATH			
<b><i>Your signature below will be used to verify your signature on other documents. You must sign consistently.</i></b>			

State of \_\_\_\_\_ County of \_\_\_\_\_

I, \_\_\_\_\_, do solemnly (swear), (affirm) under penalty of perjury, that the answers to all questions on this application are true and complete to the best of my knowledge; and, I do solemnly (swear) (affirm) that upon appointment, I will support the Constitution and laws of the United States and the State of Nebraska, and I will faithfully discharge the duties of Notary Public in and for the State of Nebraska according to the best of my ability.

X \_\_\_\_\_  
Applicant's Signature

Subscribed and (sworn) (affirmed) before me : this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(Month) (Year)

\_\_\_\_\_  
Signature of Notary Public