

**LMI NOTARY SERVICE  
208 JAMES ST., SUITE B  
SEATTLE, WA 98104  
1-800-886-5299**

TO BECOME A NOTARY OR RENEW YOUR COMMISSION, YOU MUST OBTAIN A NEW NOTARY BOND IN THE AMOUNT OF ONE THOUSAND DOLLARS (\$1,000) FOR THE NEW FOUR YEAR TERM. **IF YOU WORK FOR A GOVERNMENTAL AGENCY AND YOU MAY BE NOTARIZING OUTSIDE OF THE WORKPLACE** YOU MUST OBTAIN A NOTARY BOND IN THE AMOUNT OF ONE THOUSAND DOLLARS (\$1,000) FOR THE NEW FOUR YEAR TERM.

TO START THE RENEWAL PROCESS WITH OUR SERVICE COMPLETE THE FOLLOWING STEPS:

1. COMPLETE AND RETURN THIS APPLICATION VIA FAX (IF PAYING WITH A CREDIT CARD) OR WITH A CHECK IN THE AMOUNT TO BE DETERMINED BY YOUR SELECTION PAYABLE TO LMI NOTARY SERVICE.

THE STATE OF ALASKA DOES NOT REQUIRE YOU TO OBTAIN A NEW SEAL OR NOTARIAL MARKING DEVICE WHEN YOU RENEW YOUR COMMISSION. HOWEVER, IF YOU SHOULD WISH TO CHANGE THE TYPE OF SEAL THAT YOU PRESENTLY HAVE, WE CAN PROVIDE YOU WITH A NEW SEAL OR STAMP. THE STATE HANDBOOK ALSO SUGGESTS A MY COMMISSION EXPIRES STAMP WITH YOUR NAME AND EXPIRATION DATE ON IT WHICH WE CAN ALSO PROVIDE.

WE ALSO HAVE ERRORS AND OMISSIONS INSURANCE AVAILABLE FOR NOTARIES FOR YOUR PERSONAL PROTECTION. THIS IS AN E & O POLICY THAT IS DESIGNED ESPECIALLY FOR NOTARIES WHICH SHOULD NOT BE CONFUSED WITH A NOTARY BOND, WHICH DOES NOT PROTECT YOU. (YOU CAN REFER TO STATE HANDBOOK PAGE 2 FOR MORE INFO).

**PLEASE USE THE FOLLOWING TO COMPUTE THE PRICE FOR THE OPTIONS YOU DESIRE.**

NOTARY BOND (\$1,000.00 REQUIRED BY THE STATE)	\$50.00	\$50.00
<u>OPTIONAL</u>		
*ERRORS & OMISSIONS INSURANCE (\$10,000.00)	\$50.00	\$ _____
*ERRORS & OMISSIONS INSURANCE (\$15,000.00)	\$65.00	\$ _____
*ERRORS & OMISSIONS INSURANCE (\$20,000.00)	\$72.50	\$ _____
*ERRORS & OMISSIONS INSURANCE (\$25,000.00)	\$80.00	\$ _____
*EMBOSSING SEAL (WITH HANDLE & POUCH)	\$26.92	\$ _____
*PREINKED CIRCULAR STAMP Color: Black___ Other___	\$29.38	\$ _____
*PREINKED RECTANGULAR STAMP Color: Black___ Other___	\$28.88	\$ _____
*NOTARY RUBBER STAMP AND PAD (CIRCULAR IMPRESSION)	\$24.81	\$ _____
*PREINKED MY COMMISSION EXPIRES STAMP Color: Blk__ Other__	\$23.00	\$ _____
*NOTARY PUBLIC RECORD BOOK (500 Entries)	\$15.95	\$ _____
<i>**All of the above items are shipped directly to you at no add'l fee**</i>		
<b>CREDIT CARDS ACCEPTED - COMPLETE ON REVERSE</b>		
<small>Payment by Credit Card is at the option of the consumer and the same insurance is available to you regardless of your method of payment.</small>		
<b>TOTAL</b>		<b>\$ _____</b>

2. WE WILL PREPARE A BOND AND SEND IT TO YOU FOR YOUR SIGNATURE AND NOTARIZATION.
3. YOU WILL ALSO BE RECEIVING THE STATE OF ALASKA NOTARY APPLICATION WHICH YOU WILL NEED TO COMPLETE AS REQUIRED BY THE STATE.
4. AFTER YOU HAVE SIGNED THE BOND AND COMPLETED YOUR APPLICATION YOU WILL SEND THOSE ALONG WITH A CHECK FOR \$40.00 MADE PAYABLE TO THE STATE OF ALASKA.
5. FORWARD A COPY OF YOUR NEW NOTARY CERTIFICATE, VIA MAIL OR FAX, SO WE MAY PRODUCE YOUR NEW STAMP OR SEAL.

REMEMBER , WE ARE ALWAYS HERE TO HELP WITH YOUR NEEDS AND QUESTIONS, AND TO MAKE YOUR JOB A LITTLE EASIER.

WE HAVE BEEN PROVIDING THIS SERVICE FOR NOTARY PUBLICS FOR OVER FIFTY YEARS SO YOU CAN COUNT ON US FOR ASSISTANCE. THANK YOU FOR ALLOWING **LMI NOTARY SERVICE** TO PROCESS YOUR NOTARY RENEWAL BOND. WE ALSO HANDLE NEW NOTARY REQUESTS. LMI NOTARY SERVICE IS NOT AFFILIATED WITH ANY GOVERNMENT AGENCY AND/OR OFFICE.

# NOTARY PUBLIC COMMISSION FORM

PLEASE TYPE OR PRINT CLEARLY

APPLICANT'S NAME \_\_\_\_\_  
(If different than below) (Middle Name or Initial, if used)

DAY PHONE \_\_\_\_\_ (Must be filled in) RES. PHONE \_\_\_\_\_

JUDICIAL DISTRICT IN WHICH YOU RESIDE (Must be filled in) \_\_\_\_\_

EMPLOYERS NAME AND MAILING ADDRESS (If applicable) \_\_\_\_\_

CHANGE OF ADDRESS \_\_\_\_\_  
(If different than above) (Number & Street, Rural or P.O. Box)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## EASY INSTRUCTIONS:

1. DETERMINE YOUR SELECTIONS FROM THE OTHER SIDE.
2. MAKE A CHECK PAYABLE TO **LMI NOTARY SERVICE**.
3. FOR CREDIT CARD CHARGES, COMPLETE THE FOLLOWING:

NAME OF CARDHOLDER: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_

TYPE OF CARD: [ ] VISA [ ] MASTERCARD

EXPIRATION DATE: \_\_\_\_\_

SIGNATURE OF CARDHOLDER \_\_\_\_\_

4. MAKE ANY NECESSARY CHANGES TO NAME AND ADDRESS ABOVE.
5. RETURN THIS FORM WITH APPLICABLE CHECK IN ENCLOSED SELF-ADDRESSED ENVELOPE.
6. IF NOT SELECTING E & O INSURANCE, THE FOLLOWING MUST BE COMPLETED:

I HAVE BEEN OFFERED NOTARY PUBLIC ERRORS & OMISSIONS INSURANCE FOR MY PERSONAL PROTECTION.  
HOWEVER, I ELECT TO DECLINE THE COVERAGE.

**X** \_\_\_\_\_

\_\_\_\_\_ DATE

Return to:

**LMI NOTARY SERVICE \* 208 JAMES ST., SUITE B  
SEATTLE, WA 98104  
1-800-886-5299 Fax (206) 628-4690**