

**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 FIVE THOUSAND DOLLARS (\$5,000) 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 MONTANA 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 OWN PERSONAL PROTECTION. THIS IS AN E & O POLICY THAT IS DESIGNED ESPECIALLY FOR NOTARIES. THIS COVERAGE IS OPTIONAL BUT VITAL FOR YOUR PERSONAL FINANCIAL PROTECTION.

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

NOTARY BOND (\$5,000.00 REQUIRED BY THE STATE)	\$50.00	\$50.00
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OPTIONAL

* ERRORS & OMISSIONS INSURANCE (\$10,000 FOR A 4 YEAR TERM)	\$50.00	\$ _____
* ERRORS & OMISSIONS INSURANCE (\$15,000 FOR A 4 YEAR TERM)	\$60.00	\$ _____
* ERRORS & OMISSIONS INSURANCE (\$25,000 FOR A 4 YEAR TERM)	\$70.00	\$ _____
* 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	\$ _____

All of the above items are shipped directly to you at no add'l fee

CREDIT CARDS ACCEPTED - COMPLETE ON REVERSE

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.

TOTAL		\$ _____
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2. WE WILL PREPARE A BOND AND SEND IT TO YOU FOR YOUR SIGNATURE AND NOTARIZATION.

3. YOU WILL ALSO BE RECEIVING A GUIDE FOR NOTARIES PUBLIC PRACTICING IN MONTANA.

4. AFTER YOU HAVE SIGNED THE BOND YOU WILL SEND IT ALONG WITH A CHECK FOR \$20.00 MADE PAYABLE TO THE MONTANA SECRETARY OF STATE.

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 THIRTY 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** _____

+ +

+ +

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

(For use by the Secretary of State only)



STATE OF MONTANA
Montana Secretary of State
Montana State Capitol Bldg
P. O. Box 202801
Helena, MT 59620-2801
(406)444-5379

Empty box for Secretary of State use.

APPLICATION FOR A COMMISSION AS A NOTARY PUBLIC

Name _____
(Exactly as listed on bond) LAST FIRST MIDDLE/INITIAL HOME PHONE

Residence Address _____
STREET/BOX# CITY STATE ZIP

Employer Name _____ WORK PHONE

Employer Address _____
STREET/BOX# CITY STATE ZIP

Social Security# _____ Date of Birth _____ Have you ever been issued a commission as a Notary Public in Montana? YES NO

If yes, please indicate date of commission expiration _____. Name under which previous commission was issued _____

APPLICANT - Please answer the following questions YES or NO:

- Y N 1. Have you been a resident of Montana for 1 year preceding the date on this application?
- Y N 2. Are you a U. S. Citizen?
- Y N 3. Are you at least 18 years of age?
- Y N 4. Have you ever been convicted of a felony? If yes, please explain _____
- Y N 5. Have you ever had a notary commission denied, revoked or restricted in any state? If yes, please explain _____

State of Montana
County of _____

I do solemnly swear that the answers to all questions on this application are true and complete to the best of my knowledge and that I am qualified to be appointed and commissioned as a Notary Public for the State of Montana.

Applicant _____

Subscribed & Sworn to before me this _____ day of _____ 19__

Notary Public _____

Residing at & Commission expiration _____