



208 James St., Suite B  
 Seattle, WA 98104  
 Phone: (206) 622-2643  
 Toll Free: (800) 886-5299  
 Fax: (206) 628-4690

**Your Notary Public License is up for renewal. To renew your commission, you must obtain a new notary bond in the amount of ten thousand dollars (\$10,000) for your four year term.**

## Directions

**We will provide you with your new four year bond, your new stamp and other optional notary service**  
 To start the renewal process with our service complete the following steps:




1. Complete your choices below and on the reverse side, return it in the postage paid envelope along with a check in the amount to be determined by your selection payable to LMI Notary Service.
2. We will provide you with your new four year notary bond and send it to you for your signature in the designated area.
3. You will need to complete the state renewal application for appointment numbers 1-16.
4. So, after you have signed your bond in the designated area; take it to the county clerk in which you reside and have the oath administered and filed.
5. You will then file your state Application for Appointment along with your "Filing Notice" from the clerk and a check for \$35.00 to the Secretary of State.
6. Forward a copy of your new notary certificate, via mail or fax, so we may produce your new stamp or seal.

## Additional Services

- The State of Nevada requires you to obtain a new inked stamp that says "State of Nevada Notary Public", your name, and date of expiration and number of your certificate. We can provide you with a stamp by making your selection below, as well as logbook to record your notarizations.
- As an additional service we offer \$10,000, \$15,000 and 25,000 Errors and Omissions Insurance Policies for notaries for your own personal protection, written through Contractors Bonding and Insurance Company. This is an E&O Policy that is designed especially for notaries.

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.

**Please use the following to compute the price for the options you desire**

<b>Requirements</b>			
<i>4 Year Notary Bond (\$10,000 required by the state)</i>		\$50.00	
<i>Notary Public Decal</i>		N/C	
<b>Optional</b>			
<i>\$10,000 Errors and Omissions for a four year term</i>		\$60.00	\$ _____
<i>\$15,000 Errors and Omissions for a four year term</i>		\$75.00	\$ _____
<i>\$25,000 Errors and Omissions for a four year term</i>		\$90.00	\$ _____
<i>*LMI Notarial record book <sup>1</sup></i>		\$17.00	\$ _____
<b>You Must Also Update Your Marking Device</b>			
Marking Devices (You May Pick One or More)		 	
			
<i>Rubber my commission expires stamp <sup>2</sup>(requires stamp pad)</i>		\$15.00	\$ _____
<i>*Preinked my commission expires stamp <sup>3</sup>    <input type="checkbox"/> black    <input type="checkbox"/> other _____</i>		\$28.00	\$ _____
<b>TOTAL</b>			<b>\$ _____</b>

**LMI NOTARY SERVICE**

**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

*\* All of the above items are shipped directly to you at no additional fee*



# COMMISSION FORM

<b>Applicant Information</b>	Applicant's Full Name (Must include middle name)	Business Phone (     )	Residential Phone (     )
County in Which You Reside (Required Information)		Current Expiration Date (Required Information)	

<b>Employer Information</b>	Employers Name (if applicable)		
Mailing Address (if applicable)			
City	State	Zip Code	
Change of Address (if different than above)			
City	State	Zip Code	
<b>Payment Information</b>	Determine your selection from the other side	If paying by check, make check payable to LMI Notary Service	
If paying by credit card, complete the following:		Name of Cardholder	
Account #	Type of Card	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Expiration Date	Signature of Cardholder <b>X</b>		
Make any necessary changes to name and address above		Return this form with applicable check in enclosed self-addressed envelope	

**If not selecting additional E&O Insurance, the following must be completed**

I have been offered additional notary public errors & Omissions Insurance for my added personal protection. However, I elect to decline the additional coverage.

Signature <b>X</b>	Date /      /
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Return form to:



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