NATIONAL NOTARY ASSOCIATION

The Nation's Leader in Notary Education and Supplies



TEXAS | Notary Instruction Sheet

STE	P 1: Complete and Return your Application
	Complete the accompanying Texas Notary application and bond form. Include your Email address on the application to receive your commission faster by Email.
	Fax your application to the NNA at 800-833-1211 or email to Applications@NationalNotary.org
	Please do not use pictures or phone scan applications
	The NNA will submit your application to the state and pay your application fee.
STE	P 2: Take Your Oath of Office
	Within four weeks the state will issue your Notary commission and send your commission certificate by Email, if provided on your application, otherwise by mail.
	Bring your commission certificate to a Texas Notary, sign and take your oath of office, and have it notarized. You may not notarize this yourself.
	Retain this certificate for the duration of your four-year Notary term.
STE	P 3: Receive Your Notary Stamp
	Fax a copy of your Notarized Commission Certificate to the NNA at 800-833-1211 or Email to Releasing@NationalNotary.org . Once your documents have been received, your stamp will be shipped.
	Once you've received your Notary stamp and have taken your oath of office, you may begin performing the duties of a Notary Public for the State of Texas.







If renewing, mark this box:		
Commission Expires:/	1	

If renewing, mark this box:		FOR APPOINTMENT AS			
Commission Expires: / /	TEXAS I	NOTARY PUBLIC			
	Identify	ying Information			
	Please T	ype or Print Legibly			
Name to be used as notary public: (This is	the name you will b	e required to sign when notari	zing.)	Social Secur	rity No.:
Last	irst	Middle (not required)	Suffix	Required by T	TX Gov't Code §406
Mailing Address: (Please notify the secretar	y of state of an add	ress change within 10 days)		Residence C	County:
Street	City	State Zip			
Email address for return of commission (Your commission will come from notarypubly Alternate email address for return of commission with a c	liccommission@sos.	state.tx.us and you will NOT re	ceive materi	ials by mail.)	
	\ 1	r Identification No.:		Issuing	state:
 A. I have been found guilty of a crifollowing for each crime: (1) copic statement of (i) the nature, circumation crime involving moral turpitude of the company in the company i	ies of court order a nstances, date, and OR a FELONY dis	and sentence, and papers pert d location, and (ii) whether t squalifies you from appointm	aining to re he case is e ent as a n o	elease from pro on appeal.) {A otary public un	obation; and (2) a conviction for a der Texas law.}
1 2	Notary 1	Public Surety Bond			
KNOW ALL PERSONS BY THESE PRES That we, the above-named applicant, duly licensed to do business in the state of successors in office, in the sum of TEN THO heirs, executors and administrators jointly a duties of the office of notary public.	ENTS: as principal, and of Texas, are held a OUSAND DOLLAF	and firmly bound unto the go RS for the payment of which, w	vernor of the rell and truly ve-named pr	he state of Texa y be made we bit	as and to his/her nd ourselves, our
Agency Name: NNA Insurance Servi	ces Address	s: 9350 De Soto Avenue, P.C	D. Box 240	2, Chatsworth,	CA 91313-2402
Date:		Signature of authorized person	for surety	Sta	ate Zip
I, the above-named applicant, do solem pay, contributed, or promised to contribute any of a vote at the election at which I was elected God. I declare under penalty of perjury that the facts and with this Application is true and correct aragree to be bound by the terms and conditions	nly swear (or affirm) money or thing of va d or as a reward to so s in the foregoing Sta and that I am not disqu	Execution atement of Officer are true. I furualified by law or any other reasonable to the control of the contr	ice or emplo mation, which ther certify	yment for the given chever the case in the that the information	ving or withholding may be, so help me ion provided in
D 4					

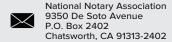
Signature of Applicant (sign in name given above on line #1 to be used as notary public)

How to Complete the Application for Appointment as a Texas Notary Public

Return to us:







Fill out your application safely and securely!

NationalNotary.org/State-Applications/Texas

The NNA will submit your application electronically to the Texas Secretary of State upon receipt of your order and payment, speeding up your approval.

Form #2301 Rev. 04/2013		STORE OF THE STORE	This sp	ace reserved for SOS use
If renewing, mark this box: Commission Expires: / /		N FOR APPOINTMENT AS S NOTARY PUBLIC		
,	Ident	ifying Information		
	A Please	Type or Print Legibly		
Name to be used as notary public: (T	This is the name you will	be required to sign when notarizi	ıg.)	Social Security No.:
Last	First	Middle (not required)	Suffix	Required by TX Gov't Code §400
Mailing Address: (Please notify the se	ecretary of state of an ac	ldress change within 10 days)		Residence County:
Street	City	State Zip		
Email address for return of comm				
Your commission will come from nota	rypubliccommission@so	s.state.tx.us and you will NOT rece	ive materia	ls by mail.)
Alternate email address for return of	f commission (optional)	:		
Date of Birth: / /	Driver's License	or Identification No.:		Issuing state:
		Relating To Qualification		
statement of (i) the nature,	circumstances, date, a	and sentence, and papers pertain		
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A Enter your personal info Make any corrections directly on the form or use the application wizard at

NationalNotary.org/TX/Renew.

Be sure you qualify

You are swearing that you meet the qualification requirements.

© Leave these lines blank

The NNA will complete this section before forwarding your application to the Secretary of State.

• Remember to sign and date Sign your name <u>exactly</u> as it appears in the first section.

BONDS AND E&O POLICIES UNDERWRITTEN BY MERCHANTS BONDING COMPANY (MUTUAL), WEST DES MOINES, IOWA. PENNSYLVANIA BONDS AND E&O POLICIES UNDERWRITTEN BY MERCHANTS NATIONAL BONDING, INC., AN AFFILIATE OF MERCHANTS BONDING COMPANY (MUTUAL). AGENT FOR ALL BONDS AND E&O POLICIES IS N.N.A. INSURANCE SERVICES, INC. COMMISSION NUMBER AND COMMISSION EFFECTIVE AND EXPIRATION DATES REQUIRED FOR E&O POLICY ACTIVATION. THE COVERAGE PROVIDED BY ANY POLICY ISSUED SHALL BE DETERMINED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE POLICY ISSUED, ANY CONTRARY REPRESENTATIONS HEREIN NOTWITHSTANDING.

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