

State of Missouri

SIGNATURE _____

John R. Ashcroft, Secretary of State

Commissions PO Box 784, Jefferson City, MO 65102 Toll-Free (866) 223-6535 or (573) 751-2783

Application for Change of Employer Resident Notaries <u>Non-Resident</u> Notaries (Same County of Employment)

(Application fee \$5)

Prir	nt or Type		
1.	Name		Date of Birth (MM/DD/YYYY)
	(This name must appear as it is signed in #9)		
2.	Home Address		
	City	State	Zip Code
3.	Previous Employer		
	Previous Address		
	City	State	Zip Code
4.	New Employer		
	Address		
	City	State	Zip Code
	(Resident)		
5.	County of Residence or place of re	gular business (St. Louis City Res	idents please specify City)
6.	County of Employment (Non-Resid	dent)	
7.	Daytime Phone Number		
8.	Commission Number		
9.	Signature and Email Address of	Applicant (This signature must appea	r as it is typed or written in #1)
р	PAYMENT		
			t Card: American Express 25 convenience fee will apply)
N	NAME AS IT APPEARS ON CREDIT CARI)	
E	EXPIRATION DATE CARD NU	MBER (16 Digits)	
C	CVV-SECURITY CODE FROM BACK OF	CARD	
E	BILLING ADDRESS FOR CARD WITH CO	RRECT ZIP CODE	

Application Instructions

1. **Name** - You should print or type your name as you want it to appear on your commission certificate. You are required by law to use your full last name, while initials may be used for first and middle names.

Date of Birth - Please provide your birth date in numerals: month/day/year. This is to confirm that applicants are at least eighteen years of age.

- 2. **Residence Address** Please provide the address at which you reside. If your mail goes to a post office box, please include a street address after the post office box number. Also give the city, state and zip code.
- 3. Old Employer Provide name and address of previous employer.
- 4. New Employer Provide name and address of new employer.
- 5. County of Residence or Place of Regular Business Please indicate the county in which you legally reside or place of regular business. You are commissioned for the county in which you live or where your regular place of business is located. You are able to notarize anywhere in the state of Missouri as a Missouri resident. If you reside in St. Louis City, please put St. Louis City in the county blank.
- 6. Non-Resident Notaries Please indicate the county in which you are employed.
- 7. **Daytime Phone** You are requested to provide a phone number where we can reach you BETWEEN THE HOURS OF 8:00 a.m. and 5:00 p.m., should we need to verify information given on the application in order to prevent the delay of returning the form to you for verification.
- 8. Commission Number Please provide your commission number if you were commissioned after August 28, 2004.
- 9. Signature Complete the form by adding your signature in the same name style you indicated in # 1 on the application. The Secretary of State's Office can only accept original signatures photocopied signatures will be rejected.