

## State of Missouri

John R. Ashcroft, Secretary of State

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

## (Non-Resident Notaries Only) Application for Amended Commission as a Notary Public **Change of Employer County**

(Application fee \$5)

Print or Type			
1. Name (This name must appear as it is signed in #7)		Date of Birth (MM/DD/YYYY)	
(This name must	appear as it is signed in #7)		
2. Home Address			
City	State	Zip Code	
3. New Employer			
Address			
City	State	Zip Code	
4. Daytime Phone Number			
5. Missouri Commission Numb	er		
6. CHANGE IN EMPLOYER	R COUNTY (For Non-Resident Notaries	ONLY)	
I hereby request the Secretary	of State to issue an amended notary publ	ic commission changing my county of e	mployment from
	County, Missouri, to_		County
Missouri where I am presently	employed, effective on the	day of	
wissouri, where I am presently	employed, effective on the	uay or	·
7. Signature and Email Addre	ess of Applicant (This signature must appear	as it is typed or written in #1)	
PAYMENT			
\$5 Check or Money Order Enclose	d (Payable to Secretary of State's Office) *Credit C *(\$1.25	Card: Master Card Visa Discover A	American Express
NAME AS IT APPEARS ON CREDIT	Γ CARD		
EXPIRATION DATE CA	RD NUMBER (16 Digits)		
CVV—SECURITY CODE FROM BA	CK OF CARD		
BILLING ADDRESS FOR CARD WI	TH CORRECT ZIP CODE		
SIGNATURE			

## **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 PO Box number. Also give the city, state and zip code.
- 3. New Employer Indicate new employer's name and address.
- 4. **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.
- 5. Missouri Commission Number Please provide your commission number if you were commissioned after Aug. 28, 2004.
- 6. Change in Employer County

Enter the name and address of your new employer. Also include the new county and the effective date of employment.

7. **Signature** - Complete the form by adding your signature in the same name style you indicated in # 1 on the application.

Please include your \$5 application fee.

Please include your previous notary certificate. You will receive a new certificate with your new information.