

**DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
NOTARY PUBLIC APPLICATION
PHONE (609) 292-9292**

Important: Please read instructions on reverse side.

Complete lines 1 – 8. New Jersey Non-Residents also complete line 9. Lines 10 and 11 must be completed by State Legislator.

1) Application type New Renewal (Please enter the following information from your current commission certificate)

Commission Number

Expiration Date / /

2) Print full legal name

Name Change/
Correction

3) Home Address

Address Change/
Correction

(Number and Street, including apartment number and rural route)

City/Town

State

Zip Code + 4 -

County

4) Date of Birth (MM/DD/YYYY) / /

5) Has your commission ever been denied, suspended or revoked? Yes No (If yes, enclose a statement of details)

6) Have you ever been convicted of a crime? Yes No (If yes, enclose a statement of details)

7) Occupation

8) Signature of Applicant _____ Date / /

New Jersey Non-Residents Only

9) Please list New Jersey Business Name and Address

Business Name

Business Address

(Number and Street, including apartment number and rural route)

City/Town

State

Zip Code + 4 -

New Jersey County

10) Signature of State Legislator _____ 11) Legislative District Number

For internal use only

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