



Name _____

Home Address _____

City _____ State _____ Zip _____ - _____

County _____

Municipality, Boro, Township, _____

Phone Number _____ Fax _____ Email _____

Notary Reappointment Information

Thank you for downloading the reappointment package. This process is very simple. Fill out the student information form above and two (2) State Notary Public applications that are included. If you are required to attend an educational course or are not sure contact us at (412) 607-0219 or log onto to our webpage www.panotaryacademy.com for course schedule.

The Notary Public Law, as amended by Act 151 of 2002 (effective), requires that applicants for notary public complete at least three hours of approved notary education within the six months immediately preceding their application for appointment. This course must be provided by a Department of State approved educator. A Notary Public who was actively commissioned on or before July 1, 2003 is permanently exempt from the education requirement **unless** there was a lapse in their commissions after that date.

When filling out your state application the name to be listed on your commission can be your full first name and last name, full first name, with middle initial and last name, initial first name, full middle name and last name or full first name, full middle name and last name. No nicknames or other abbreviations can be used. This name must match your drivers' license for identification purposes.

All correspondence from the state in regards to your application and commission will be sent to your address of record. This will be your employers address, or your home address. This information will become public record. If you wish all correspondence to be directed to your home instead of your employers then fill ALL employer info with N/A, leaving no blanks lines or spaces on the application. When listing the addresses include the physical street address, a P.O. Box alone is not acceptable. Please include the four digit code for your zip codes. List your municipality, boro, or city information also. This is not the mailing address. This would be the governing entity of the address listed.

Finally the bottom three questions should be answered and checked. **DO NOT FORGET TO SIGN IT!** Your signature **MUST** match the name on the application. Please send completed package including (2) state applications to PA Notary Inc. 199 Knoxlyn Road Gettysburg, PA 17325.

Once we have received this completed package we will begin processing your paperwork. In a few weeks you will receive a letter from your State Senator stating your application has been approved and forwarded to the appropriate authorities. In about two – three weeks after that you will receive your blank bond and letter of appointment. Please forward both letters to us at the address below **IMMEDIATELY UPON RECEIPT**.

We will execute your bond and return it to you with the final set of instructions. After you have recorded at your local county office, you **must** fax a copy for your commission to (866) 703-9798. We will manufacture and mail your stamp to you. If you have any questions please call us at (412) 607-0219.

- Refunds are not available for a commission processing package for anyone who fails to finish the procedure for any reason.
- If a student fails to execute their bond in the time frame allotted, we will resubmit the application for an additional \$40.00.
- Refunds are not available for a commission processing packages either with a course or alone, for anyone who is rejected by the state.





PRINT OR TYPE CLEARLY. FILL OUT APPLICATION COMPLETELY. Do not leave any blanks.
 Use "none" or "N/A" if applicable. **An incomplete application will delay your appointment.**
FEE: \$40 – make check or money order payable to: COMMONWEALTH OF PENNSYLVANIA.

CHECK ONE: **New Appointment**
 Reappointment (have been a notary in Pennsylvania before)

Complete the following if you have ever been a notary in Pennsylvania before:	
Notary commission expiration date	Full name on previous commission
Notary commission ID number	Other name used on previous commission

For Official Use Only

PART I: Applicant Information (NOTE: Employer/Business contact information will be public record)				
First Name	Middle Name or Initial (if used)	Last Name	Suffix (if applicable)	
Date of Birth (mm/dd/yyyy)	Social Security Number (xxx-xx-xxxx)	Email Address (Optional)		
Name of Employer/Business where Notary Commission will be used (Do not leave blank. If not applicable, please indicate.)				
Employer/Business Street Address (P.O. Box alone is insufficient)		City	State	Zip Code
Employer/Business Telephone (include area code)	Municipality (city/borough/township)		County	
Home Street Address (P.O. Box alone is insufficient)		City	State	Zip Code
Home Telephone (include area code)	Municipality (city/borough/township)		County	

Part II: Education, Criminal History, Other Notary Commission History (Check or mark appropriate boxes)	YES (✓)	NO (✓)
I am a notary applicant for initial appointment or reappointment and I have completed a pre-approved three-hour notary public education course within the six-month period immediately preceding this application (unless permanently exempted). Attach a copy of your course completion certificate and retain your original. Lack of proof of education will result in application rejection.		
Have you ever been convicted of or entered a plea of guilty or nolo contendere to a felony or lesser offense preceding the date of this application? If yes, attach full details (name of court, plea or conviction, sentence and length of probation) and appropriate supporting documents with a signed and dated personal explanation.		
Have you ever resigned a notary commission or had a notary commission suspended, revoked or otherwise disciplined by the Commonwealth or any other state/jurisdiction preceding the date of this application? If yes, attach full details and appropriate supporting documents with a signed and dated personal explanation.		
Have you ever had any other professional or occupational license suspended, revoked or otherwise disciplined? If yes, attach full details and appropriate supporting documents with a signed and dated personal explanation.		

Note that disclosing your social security number on this application is mandatory for the Department of State to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). To enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare (DPW) information prescribed by DPW about the licensee, including the social security number.

APPLICANT AFFIDAVIT: I am of good moral character and am familiar with the duties and responsibilities of a notary public. I shall furnish additional evidence of these statements, if requested, which shall be satisfactory to the Secretary of the Commonwealth. To the best of my knowledge and belief, this application contains no misrepresentations or falsifications, omission or concealments of material fact and the information given by me is true and complete. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my notary commission.

 Applicant Signature (must match name in Part I) _____
 Date

PART III: To be completed by Pennsylvania Senator before application is submitted. It is the applicant's responsibility to obtain the signature of the Senator.		
I HEREBY ENDORSE THE APPLICATION OF THIS APPLICANT WHO IS A RESIDENT OF MY SENATORIAL DISTRICT OR, IF NOT A PENNSYLVANIA RESIDENT, WHO IS EMPLOYED IN MY SENATORIAL DISTRICT. (All information below must be completed by the Senator.)		
_____ Signature of Senator	_____ District	_____ Date