

Please  
Do Not  
Staple

**NO**

**KANSAS SECRETARY OF STATE  
Notary Public  
Appointment Form**

Memorial Hall, 1st Floor (785) 296-4564  
120 S.W. 10th Avenue notary@ks.gov  
Topeka, KS 66612-1594 https://sos.kansas.gov

62-01

THIS SPACE FOR OFFICE USE ONLY.

**IMPORTANT: This appointment form must be submitted by mail and include the \$25 filing fee. If renewing your notary appointment, please do not submit this form before 90 days prior to your expiration date. You are not a notary until you receive your notary certificate from the Kansas Secretary of State.**

**Please check one:**  New appointment  Reappointment

Expiration date of your most recent Kansas appointment:

Month	Day	Year
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(Your current expiration date must be used until the date of expiration has passed.)

**A. Personal Information**

**1. Applicant's name** (Must match name on the seal in Item 7.)

**Previous name** (If your name has changed from the previous appointment.)

**2. Residential street address** (P.O. box is not acceptable.)

Residential Street Address		
City	State	Zip

**3. Mailing address** (Optional)

Street Address		
City	State	Zip

**4. Daytime phone** (Required) **5. Secondary phone** (Optional)

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**7. Affix an impression of applicant's seal/stamp**

(Name on seal/stamp must match applicant's name in Item 1.)

**6. This section must be completed.**

- Are you at least 18 years of age?  Yes  No
- Are you a resident of Kansas or a resident of a state bordering Kansas who regularly carries on a business or profession in this state or is regularly employed in this state?  Yes  No
- Are you able to read and write the English language?  Yes  No
- Have you ever been convicted of a felony or of a lesser offense involving moral turpitude or of a nature incompatible with the duties of a notary public? A conviction after a plea of nolo contendere is deemed to be a conviction.  Yes  No
- Have you ever had a revocation, suspension or denial of a professional license for misconduct, dishonesty or any cause substantially relating to the duties or responsibilities of a notary public?  Yes  No



## B. Oath

I do solemnly swear\* (sincerely and truly declare and affirm), under penalty of perjury, that the answers to all questions on this application are true and complete to the best of my knowledge, and that I am qualified to be appointed and commissioned as a Kansas notary public.

### 8. Applicant's signature

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### 9. State of County of

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(Seal)

### 10. Signed and sworn (or affirmed) to before me on:

Month	Day	Year
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### 11. My appointment expires:

Month	Day	Year
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### 12. Notary's signature

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\* You may say the phrase inside the parentheses instead of the italicized words.

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## C. Notary Surety Bond (The surety company must complete this section)

Know All Persons By These Presents: That we, the above-named applicant as principal and

### 13. Name and address of surety company

UNIVERSAL SURETY OF AMERICA		
Street Address		
101 S. Reid St, Ste 300		
City	State	Zip
Sioux Falls	SD	57103-7045

as surety company, give bond payable to any individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as notary public, in the amount of seven thousand five hundred dollars (\$7,500) as assurance for the due discharge of the duties of his/her office of notary public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally. Applicant was, on the date of issuance of commission, bonded as a notary public in and for the state of Kansas, to hold office for the term of four years in accordance with the laws of this state. Now, therefore, if said applicant shall faithfully discharge the duties of the office of notary public, as prescribed by law, then this obligation shall be void. Further, we, the surety company, understand that we are required by K.S.A. 53-120 to report to the secretary of state the outcome on any claim filed on this bond.

### 14. Signature of Attorney-in-Fact

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### Date

Month	Day	Year
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\*\* Attach corporate seal or submit with the Power of Attorney.