**State of Rhode Island**
**Department of State - Business Services Division/Notary**

# Instructions for Filing
# Application for Appointment to Office of Notary Public

Section 42-30.1-15 of the General Laws of Rhode Island, 1956, as amended

**This legal document should be typed. All illegible documents will be REJECTED.**

## How to complete the form:

The Rhode Island Office of Notary Public is available to Rhode Island residents, non-residents who conduct business on a regular basis within the State of Rhode Island, and Attorneys and Certified Public Accountants in good standing.

All applicants are required to know the powers and duties of the Rhode Island Office of Notary Public. Prior to submitting the application, applicants should take the assessment available on our website. Educational materials are available at www.sos.ri.gov/divisions/Notary-Public. Please review RIGL 42-30.1; Executive Order 09-08; Standards of Conduct and all accompanying rules and regulations prior to remitting your application.

## Application Information

1. List your full name. Neither initials alone nor nicknames will be accepted on the application or as part of the signature required on a notarial act.
2. Indicate whether you would also like to be an electronic notary. Include the name of your electronic notary solution provider and a copy of your official electronic stamp and electronic signature.
3. List your complete current residential and business address, telephone number(s) and email address.
4. Check one box only:
   - If applying as a non-resident you must provide your occupation, name of employer and business address in the State of Rhode Island.
   - If applying as an Attorney, you must provide your Bar Number and a copy of your most recent membership card to the RI Bar Association or a Certificate of Admission from the RI Supreme Court. DO NOT provide a copy of your Judicial Identification Card.
   - If applying as a Certified Public Accountant, you must provide your Certificate# and a copy of your most recent membership card issued by the RI Board of Accountancy.
5. If applicable, provide the required information regarding notary misconduct and criminal convictions pursuant to RIGL § 42-30.1-16.
6. Sign the application using the signature you will affix to documents as a Rhode Island Notary Public. Type or Print your name. An applicant may include their name suffixes such as Junior, Senior, II, III, IV or any abbreviation of these designations. An applicant **may not include** prefixes or titles such as “Doctor,” “Reverend or “Esquire” or any abbreviations thereof.

## Oath of Office

All applicants must appear before a Rhode Island Notary Public to complete the Oath of Office. When completing the Oath of Office, please make sure that:

1. The applicant completes the “Applicant” section of the certificate.
2. The Notary Public administering the oath completes the “Notary” section of the certificate.

## How to pay the filing fee:

The filing fee for a four year commission is $80, payable either in person via cash, credit card, or check at the Business Services Division, or by mail to the Business Services Division via check made payable to the R.I. Department of State.

## How to confirm your filing:

You will receive your Notary Commission in the mail in approximately one week. Your term will expire four years from the date of commission. A renewal notice will be mailed to you at the address listed, so please contact this office if you change your address.

## How to maintain your commission:

Visit our website at www.sos.ri.gov/divisions-notary-public for information on keeping your commission active and up to date.

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→ Filing Fee: $80.00 (Four year commission)

FOR SECRETARY OF STATE USE ONLY

## APPLICATION INFORMATION

*I attest I am a United States Citizen or Permanent Legal Resident of the United States.*

| 1. Name (First, Middle, Last) | 2. E-Notary Solution Provider Name<br>Yes ☐ No ☐ |
|---|---|

| 3. Residential Address **(include city/town, state and zip)** | Business Address **(include city/town, state and zip)** |
|---|---|

| Telephone (H) | Telephone (W) | Telephone (C) | Email Address |
|---|---|---|---|
| | | | |

4. If applicable, check one box only:

☐ **I AM NOT A RHODE ISLAND RESIDENT**, but conduct business on a regular basis within Rhode Island.

| Name of Employer: | | Occupation: | |
|---|---|---|---|
| Address: | City/Town: | State: | Zip Code: |

☐ I am an Attorney, in good standing, applying as a member of the Rhode Island Bar. I have enclosed a copy of my most recent RI Bar Association membership card. (RI Bar #:_____)

☐ I am a Certified Public Accountant (CPA), in good standing, applying as a certified Rhode Island licensee. I have enclosed a copy of my most recent membership card. (CPA #: _____)

☐ Check this box if you would like your notary information, including your name and email address to appear in the notary public lookup on our website. The general public will use this feature to locate notary services.
Email Address: ☐

## QUALIFICATION STATEMENTS

Have you at any time been refused a notarial commission, been disciplined or had a notarial commission revoked?
***Yes*** ☐ ***No*** ☐ If yes, please provide the state/jurisdiction where the commission was issued, date and reason for action, and name, if different, from the one stated on this application.

**MAIL TO:**
**Division of Business Services/Notary**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

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# Application for Appointment to Office of Notary Public

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|---|
| Have you ever been convicted of a crime (excluding expungements and traffic violations)? ***Yes*** ☐ ***No*** ☐<br>If yes, on a separate sheet of paper, please give date, charge, city/town, state, court and disposition of conviction. In addition, please provide a brief summary of your actions and conduct since the conviction which supports your ability to be a notary public. |
| *I certify that the following signature is the signature I will use when signing documents as a Rhode Island Notary Public. In addition, by remitting this application in accordance with the provisions of RIGL 42-30.1, I am attesting under penalty of false statement, that the information contained in this application is true and correct; that I am at least eighteen years of age; can speak, read and write the English language and have gained sufficient knowledge of the powers and duties pertaining to the Rhode Island Office of Notary Public.* |
| Signature of Applicant<br>SIGN DOCUMENT HERE |

| | |
|---|---|
| Type or Print<br>Name of Applicant | Date |

| |
|---|
| Each applicant **MUST** take the Oath of Office before a Rhode Island Notary. |
| **OATH OF OFFICE** |
| Applicant |
| I, _____, do solemnly swear (or: affirm) that I will support, protect and defend the constitution of the United States, and the constitution and laws of the State of Rhode Island, and I will discharge the duties of my office of Notary Public for the State of Rhode Island with fidelity so help me God. [or: this affirmation I make and give under the penalty of perjury.] |

| | |
|---|---|
| Type or Print<br>Name of Applicant | Date |

| |
|---|
| Signature of Applicant<br>SIGN DOCUMENT HERE |
| Notary |

| | |
|---|---|
| State: **RHODE ISLAND** | County: |

| |
|---|
| On this _____ day of_____, 20_____, before me personally appeared _____ (name of applicant) being personally known to me or proved through satisfactory evidence of identification to be the person who signed the preceding or attached document in my presence, and to whom I administered the Notary Public Oath of Office. |

| | | |
|---|---|---|
| Type or Print<br>Name of Notary Public | Commission ID # | Commission Expiration |

| |
|---|
| Signature of Notary Public<br>SIGN DOCUMENT HERE |

NOTARY STAMP

**If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email notaries@sos.ri.gov.**