Form #2301 Rev. 11/2016	THE OF	This	space reserved for SOS use
If renewing, mark this box:	APPLICATION FOR APP	OINTMENT AS	
Commission Expires://	TEXAS NOTARY PUBLIC		
	Identifying Info	mation	
	Please Type or Prin	t Legibly	
Name to be used as notary public: (This	s is the name you will be required t	o sign when notarizing.)	Social Security No.:
Last	First M	iddle (not required) Suffix	Required by TX Gov't Code §406
Mailing Address: (Please notify the secr		within 10 days) TX	Residence County:
Street	City	State Zip	
Email address for return of commiss (Your commission will come from notary)		nd you will NOT receive mater	rials hy mail)
		-	-
Date of Birth: / /	Driver's License or Identifica	tion No.:	Issuing state:
statement of (i) the nature, cir	copies of court order and sentenc	e, and papers pertaining to a and (ii) whether the case is	release from probation; and (2) a on appeal.) {A conviction for a
B. I have never been found guilt violations such as speeding.	y of a crime OR I have only been	en found guilty of a Class C	misdemeanor, e.g. minor traffic
KNOW ALL PERSONS BY THESE PR That we, <u>the above-named applicant</u> duly licensed to do business in the sta successors in office, in the sum of TEN ⁻ heirs, executors and administrators joint duties of the office of notary public.	, as principal, and te of Texas, are held and firmly THOUSAND DOLLARS for the p	bonding company) bound unto the governor of ayment of which, well and tru	ly be made we bind ourselves, our
Agency Name:	Address:		
Date:	Street	City	State Zip
Date	Signature	of authorized person for surety	
L	Statement of C	fficer	
I, <u>the above-named applicant</u> , do so pay, contributed, or promised to contribute of a vote at the election at which I was ele God.	lemnly swear (or affirm) that I have any money or thing of value, or pro-	not directly or indirectly paid, on nised any public office or employed and the second s	oyment for the giving or withholding

Execution

I declare under penalty of perjury that the facts in the foregoing Statement of Officer are true. I further certify that the information provided in and with this Application is true and correct and that I am not disqualified by law or any other reason from holding the office of notary public. I agree to be bound by the terms and conditions of the incorporated surety bond.

Date:

Signature of Applicant (sign in name given above on line #1 to be used as notary public)