



**PAUL D. PATE**  
*Secretary of State*  
*State of Iowa*

**Application for  
Commission as  
Notary Public**

*Read instructions before completing this application. Please type or print information clearly.*

**1. Applicant's Name (as it will appear on the commission):**

\_\_\_\_\_  
First Middle (Optional) Last

**2. Applicant's Home Contact Information:**

\_\_\_\_\_  
House Number Street Name City State ZIP Code

\_\_\_\_\_  
Home Phone Number Home Email Address

**3. Applicant's Employer Contact Information:**

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Building Number Street Name City State ZIP Code

\_\_\_\_\_  
Applicant's Work Phone Number Applicant's Work Email Address

**4. Preferred Contact Method:** Designate preferred contact method. If no designation is made, home contact information will be used.

Home Contact Information  Employer Contact Information

If applicant has provided business contact information different from home contact information, applicant may opt to shield home contact information from display on the Secretary of State's Web site. Does applicant wish to exercise this option:  Yes  No

**5. Qualifications:** Does applicant meet all the qualifications as stated in Iowa Code section [9B.21 \(2\)](#):  Yes  No

Applicant is a resident of:  Iowa or  the State of \_\_\_\_\_

**6. Electronic records:** Will applicant be performing notarial acts with respect to electronic records:  Yes  No

If "Yes", identify the tamper proof technology the applicant intends to use: \_\_\_\_\_

**7. Remote Notarizations - Effective July 1, 2020:** Does applicant intend to perform notarial acts for remotely located persons pursuant to Iowa Code section 9B.14A:  Yes  No

If "Yes", applicant must also submit an Application for Approval to Perform Notarial Acts for Remotely Located Individuals.

**8. Bilingual Notary Registry:** Does applicant wish to have name placed on a list of bilingual notaries:  Yes  No

If "Yes", list the language(s) in which applicant is fluent: \_\_\_\_\_

**9. Affirmation and Signature:**

**By submitting this filing I hereby affirm that I will support the Constitution of the United States and the Constitution and laws of the state of Iowa, I will faithfully and impartially discharge the duties of notary public according to the best of my ability, and that I have read and understand the requirements of Iowa Code chapter 9B and administrative rules in 721 chapter 43, and that I may not notarize any documents until I have received my notary commission from the Secretary of State.**

\_\_\_\_\_  
Applicant's Signature Date

**10. Fee: \$30.00.** Make check payable to SECRETARY OF STATE.

**NOTE:** Do not combine this payment with any other types of payments you may be remitting to the Secretary of State.

Applicants filing by paper may find Iowa Code chapter 9B at this website: <http://www.legis.iowa.gov/docs/code/9B.pdf>



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# Instructions for Application for Commission as Notary Public

Incomplete or incorrect applications will be returned. A notary commission for a resident is 3 years; nonresident is 1 year. If any information on this application changes during the duration of the commission, the Secretary of State must be notified within 30 days of the change. Records of Iowa notaries are public records.

**1. Applicant's Name:** Documents must be notarized using the name that appears on the commission (e.g. if a middle initial is provided on this form, it must be included during notarizations). A stamp or seal must be used when notarizing documents. The name on the stamp or seal must be identical to the name that appears on the notary's commission.

**2. Applicant's Home Contact Information:** Provide complete home address, phone number, and email address.

**3. Applicant's Employer Contact Information:** Provide name of applicant's employer, employer's complete address, applicant's work phone number, and work email address.

**4. Preferred Contact Method:** Check box to indicate applicant's preferred contact method. If box is not checked, home address will be designated. If applicant has provided business contact information different from home contact information, applicant may opt to shield home contact information from display on the Secretary of State's Web site. Check box to indicate if applicant would like to exercise this option.

**5. Qualifications:** Check boxes to indicate whether applicant meets all the requirements as stated in Iowa Code section [9B.21\(2\)](#) and administrative rules in 721-chapter 43, and whether applicant is a resident of Iowa, or resident of another state with place of work or business within the state of Iowa. If applicant is not a resident of Iowa, print the abbreviation for the state in which the applicant resides. Applicants filing by paper may obtain a copy of Iowa Code chapter [9B](#) at the following Web site: <https://www.legis.iowa.gov/DOCS/ACO/IC/LINC/Chapter.9B.pdf>

**6. Electronic Records – Effective January 1, 2013:** Check box to indicate whether applicant will be performing notarial acts with respect to electronic records. If "Yes", identify the tamper proof technology the applicant intends to use.

**7. Remote Notarizations - Effective July 1, 2020:** Check box to indicate whether applicant intends to perform notarial acts for remotely located individuals. If "Yes", applicant must also submit to the Secretary of State a completed Application for Approval to Perform Notarial Acts for Remotely Located Individuals, which may be downloaded from: <https://sos.iowa.gov/business/FormsAndFees.html#NC9B>

**8. Bilingual Notary Registry:** Check box to indicate whether applicant wishes to have name placed on a list of bilingual notaries. If "Yes", identify the languages in which applicant is fluent. This information is used by notaries and the public for referral of clients who do not speak English or have documents in languages other than English which require notarial services.

**9. Affirmation and Signature:** Applicant must affirm the statement by signing the completed application.

**10. Fee: \$30.00.** Make check payable to SECRETARY OF STATE

**NOTE:** Do not combine this payment with any other types of payments you may be remitting to the Secretary of State.

**DURATION OF COMMISSION:** A notary commission is effective for 3 years from the date of commission.

**CHANGES:** If any information contained on this application changes during the term of your notary commission, you are required to notify the Secretary of State within 30 days.

**NOTICE:** Iowa notary public records are available to the public.

Deliver completed application and \$30.00 fee to:

**SECRETARY OF STATE**  
Notary Division  
Lucas Building, 1<sup>st</sup> Floor  
Des Moines, IA 50319

Phone: (515)281-5204  
Fax: (515) 242-5953  
Website: [sos.iowa.gov](http://sos.iowa.gov)