

PAUL D. PATE Secretary of State State of Iowa

Application for Approval to Perform Notarial Acts for Remotely Located Individuals

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

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. Training Course:	Has applicant, within the six mont	hs prior to the date of this applicatio	n, completed a remote no	tarization training
course approved by the	ne Secretary of State as required b	y Iowa Administrative Code section	n <u>721-43.5(3)(b</u>):	Yes □ No
*NOTE: Certificate of	completion of the course must ac	company this application as proof		
	,			
F. Affirmation and	Name to an a			
5. Affirmation and S				
I hereby affirm that trequirements of low	he information I have given in t a Code chapter 9B and Iowa Adn	his application is true and corre ninistrative Code 721 chapter 43 riduals until I have been approve	, and that I understand t	hat I may not
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Instructions for Application for Approval to Perform Notarial Acts for Remotely Located Individuals

Incomplete or incorrect applications will be returned. If any information on this application changes during the duration of the applicant's notary commission, the Secretary of State must be notified within 30 days of the change. Records of lowa 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, it must be included during notarizations). A stamp must be used when notarizing documents. The name on the stamp 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 as they appear on applicant's notary application.
- 3. Training Course: Check box to indicate whether applicant has completed an initial training course approved by the Secretary of State concerning the technical requirements and methods for performing notarial acts for remotely located individuals within the six months immediately preceding the date of this application as required by lowa Administrative Code section 721-43.5(3)(b). If "Yes", applicant must submit with this application proof of completion of the course. If "No", applicant must first complete an approved course before being approved to perform notarial acts for remotely located individuals. Information about approved courses may be found at: https://sos.iowa.gov/remotenotary
- **4. Technology Used:** Identify the remote notarization technology solution the applicant intends to use, chosen from the Secretary of State's list of aproved providers which may be viewed at: https://sos.iowa.gov/remotenotary
- 5. Affirmation and Signature: Applicant must affirm the statement by signing the completed application.

DURATION OF COMMISSION: For an lowa resident, a notary commission is effective for 3 years from the date of commission. For a resident of a bordering state, a notary commission is effective for 1 year from the date of commission.

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

NOTICE: lowa notary public records are available to the public.

SECRETARY OF STATE

Notary Division Lucas Building, 1st Floor Des Moines, IA 50319

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