



PAUL D. PATE
Secretary of State
State of Iowa

Application for
Appointment 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 resident of _____, a state bordering Iowa.

6. Training Course - Effective July 1, 2020: Has applicant, within the six months prior to the date of this application, completed a notary training course approved by the Secretary of State as required by Iowa Administrative Code section 721-43.5(3)(a): Yes No

7. 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: _____

8. 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.

9. 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: _____

10. 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 _____

11. Fee: \$30.00. Make check payable to 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 Appointment 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 a state bordering Iowa with place of work or business within the state of Iowa. If applicant is not a resident of Iowa, print the abbreviation for the bordering 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. Training Course - Effective July 1, 2020: Check box to indicate whether applicant has completed an initial training course approved by the Secretary of State concerning the functions and duties of a notary public within the six months immediately preceding the date of this application as required by Iowa Administrative Code section 721-43.5(3)(a). If "Yes", applicant must submit with this application proof of completion of the course. If "No", applicant must first complete an approved course before appointment as a notary public. Information about approved courses may be found at: <https://sos.iowa.gov/notaries/about.html>

7. 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.

8. 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>

9. 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.

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

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

DURATION OF COMMISSION: For an Iowa 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: Iowa notary public records are available to the public.

Deliver completed application and \$30.00 fee to:

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

