

Alaska Notary Commission Application

1. _____
Print your name exactly as you will sign your notarizations, and as it will appear on your notary seal and commission certificate
2. _____
Print your full name (First, Middle, Last)
3. Information about your most recent Alaska notary commission (if applicable)

Name (if different than what you entered in #1/2 above) _____
Prior Commission Number _____
Prior Commission Expiration Date _____
4. _____
Name of the city where you will perform most of your notarizations
5. Applicant's Personal Contact Information:

Email _____
Telephone _____
Cell Phone _____
Fax _____
6. Applicant's Publicly Available Mailing Address:

7. Applicant's Residence Address (No P.O. Boxes):

8. _____
Applicant's Employer/Business Name
9. _____
Employer/Business phone number at the location where you work
10. _____
Employer/Business complete physical address at the location where you work (No P.O. Boxes)

11. To be commissioned as a notary public, a person

- Shall be at least 18 years of age.
- Shall reside legally in the United States.
- May not, within 10 years before the commission takes effect, have been convicted of a felony or incarcerated in a correctional facility for a felony conviction.
- May not, within 10 years before the commission takes effect have had a notary public commission revoked for failure to comply with notary law or for incompetence or malfeasance in carrying out the duties of notary public.
- Shall have established residency in this state by being physically present in the state with the intent to remain indefinitely and by maintaining a place of abode in the state.

12. Oath

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of Alaska and that I will faithfully discharge my duties as notary public to the best of my ability. The information provided on this application form is truthful and accurate and I meet all of the requirements to be commissioned an Alaska Notary Public. I acknowledge that I am personally liable for every notarial act that I perform.

Applicant's Notarized Signature

Subscribed and sworn (or affirmed) to before me by _____ this
_____ day of _____, _____.

Notary Public's Signature

My Commission Expires:_____

Alaska Notary Commission Application Form Instructions

1. State law requires consistency between the name on your notary commission certificate, notary seal and how you sign your notarizations. Please print (don't sign!) legibly the version of your name that you will sign when performing your notarizations on this line. This will be the name that is printed on your commission certificate and notary seal and will be how you must sign all notarizations you perform during the entire term of this commission (e.g. S. Clark)
2. Please enter your full legal name (e.g. Steve M. Clark or Albert James Clark.)
3. If your current commission is about to expire and hope to avoid gaps in between the two commissions this information is helpful, especially if your name on the current/prior commission is different than on this application.
4. Please indicate the name of the city where you perform your notarizations. We use this information to determine the level of notarial service available in each community and to help the public locate notaries in the field.
5. Please provide your personal and direct contact information. This information will only be used to contact you regarding any problems with your application and for other official business. It will not be available to the public.
6. State law requires you to provide a publicly available mailing address. This address will be freely available to anyone that requests it and will be used to send you commission materials and any correspondence from our office. It is available to notary supply vendors, other notary organizations and to the public. Use any valid mailing address you wish and please remember to update this information with us when it changes.
7. State law also requires you to provide your personal residence address. This information remains confidential and will not be available to the public unless you also provide it as your publicly available mailing address. Failure to provide your residence address as requested will result in your application being rejected and/or your notary commission being revoked.
8. Please print your employer's official business name.
9. Please print your employer's business contact phone number.

10. Please provide the complete physical address of the location where you work. Do not use a central corporate address, only the address where you will be working.
11. Please carefully read the qualifications for obtaining a notary commission in Alaska. If you have ever had a notary commission denied, suspended or revoked in any jurisdiction in any country please contact the notary office for further instruction before submitting your application.
13. This oath must be administered to you by a notary public and your signature on the oath must be notarized.

Please contact the notary office at 465-3509 or by email at notary@alaska.gov for assistance or with any questions.

Application checklist:

- ☐ Completed original Notary Bond ?
- ☐ Completed original Application form with notarized signature on item #12 (Oath) ?
- ☐ \$40.00 application fee (non refundable) included? Checks should be made payable to “State of Alaska”

Mail the original completed application materials to:

Office of Lt. Governor
Notary Office
P.O. Box 110015
Juneau, Alaska 99811

Please do not submit partial applications. The bond, application form and fee should be mailed together.

Phone 465-3509 or email notary@alaska.gov for assistance.