



STATE OF ALASKA NOTARY BOND FORM

Applicants may not act as their own Surety
ALL FIELDS ARE REQUIRED

_____, as applicant and
APPLICANT NAME

SURETY NAME PUBLIC MAILING ADDRESS (OPEN TO PUBLIC INFORMATION) CITY/STATE/ZIP

PHONE EMAIL

as surety, are held and firmly bound to the State of Alaska for the penal sum of \$1000.00. We bind ourselves, our heirs, executors and administrators for the payment of this lawful sum.

On condition of the above obligation, the Honorable Lieutenant Governor of Alaska has appointed and commissioned this applicant, a Notary Public in and for the State of Alaska, for a term of 4 years from the issuance of the commission.

If the above named applicant performs their duties as Notary Public as prescribed by law, then the obligation of the bond is null and void. However, if the above named applicant fails to perform their duties as Notary Public as prescribed by law, then the obligation of this bond is in full force and effect.

Surety must inform the Lieutenant Governor of any change in financial status which would void the above statement.

NOTARIZED SIGNATURE OF SURETY

FOR NOTARY PUBLIC USE ONLY

Subscribed and sworn to before me in _____, by _____,
CITY PRINT NAME OF SURETY

this _____ day of _____, 20 _____

NOTARY PUBLIC SIGNATURE

COMMISSION EXPIRATION DATE

Mail this ORIGINAL form in with the Application

FOR FURTHER INFORMATION CONTACT: THE NOTARY ADMINISTRATOR,
240 MAIN STREET, ROOM 301, JUNEAU, AK 99801
(907) 465-3509, EMAIL: notary@alaska.gov