



Name _____

Home Address _____

City _____ State _____ Zip +4 _____ - _____ County _____

Municipality, Boro, Township, _____

Phone Number _____ Fax _____

Email _____

Mail in Registration Information

Thank you for downloading the pay by mail package. This process is very simple. Please choose the package or course you wish to attend below. Remember to list seminar location and date for live seminars. Please fill out the student information form above and two (2) State Notary Public applications. Return completed packet by regular mail with payment. DO NOT fax or email this package. The state will not accept copies or faxed forms

When filling out your state application the name to be listed on your commission can be your full first name and last name, full first name, with middle initial and last name, initial first name, full middle name and last name or full first name, full middle name and last name. No nicknames or other abbreviations. Your signature on the application must match your name listed on application.

All correspondence from the state in regards to your application and commission will be sent to your **employers address**. The information listed as your employer will also become public record. When listing the addresses include the physical street address, a P.O. Box alone is not acceptable. Please include the four digit code for your zip codes. List your municipality, boro, or city information also. This is not the mailing address. This would be the governing entity of the address listed. If you wish all correspondence to be directed to your home instead of your employers then fill ALL employer info with N/A. Leave no blanks lines or spaces on the application.

Finally the bottom three questions should be answered and checked. Please check yes for the first question in regards to the mandatory education program. You will be attending this course through your purchase. DO NOT FORGET TO SIGN IT!

Once we receive this completed package we will begin processing your courses and paperwork. If you purchased an online course, you will receive two emails. The first will be a verification email with your student ID number. A second will follow with your username and password. Please keep the emails for future use if needed. In the email you will receive a link to all additional forms. If you purchased a live seminar, you will receive one confirmation email. Please keep that email for future use if needed.

If you purchased a Full Commission Processing package, after your completion or attendance of the course, we will send then your application through the State Department for processing with all fees. In a few weeks you will receive a letter from your State Senator stating your application has been approved and forwarded to the appropriate authorities. In about two – three weeks after that you will receive your blank bond and letter of appointment. Please forward both letters to us at the address below IMMEDIATELY UPON RECEIPT.

After we execute the bond and return it to you, you will present it to your county recorders office. There you will record your bond, and sign your commission. After you have recorded at your local county office, you must fax us a copy for your commission. We will then manufacture and mail your stamp to you.

If you have any questions please call us and we will advise you on the information needed. 412.607.0219.

PA Notary Inc. 104 Brinton Street Monroeville, PA 15146

panotaryinc.
panotarypublic panotaryeducation panotaryacademy panotaryeducation-online

Basic Notary 101

Online \$40.00 Course Only \$200.00 Online Basic Notary 101 & Commission Processing
Live \$50.00 Course Only \$210.00 Basic Notary 101 Seminar & Commission Processing

Live Seminar Date _____ **Location** _____

Notary Reappointment

Online \$40.00 Course Only \$200.00 Online Reappointment & Commission Processing
Live \$50.00 Course Only \$210.00 Reappointment Seminar & Commission Processing

Live Seminar Date _____ **Location** _____

Full Scope Notary

Online \$200.00 Course Only \$360.00 Full Scope Notary Online & Commission Processing
Live \$225.00 Course Only \$360.00 Basic Notary 101 Seminar & Commission Processing

Live Seminar Date _____ **Location** _____

ASA Accredited Signing Agent

Online \$75.00 Course Only
Live \$100.00 Course Only

Live Seminar Date _____ **Location** _____

DMV Agent

Online \$75.00 Course Only
Live \$100.00 Course Only

Live Seminar Date _____ **Location** _____

Please make check or money order payable to PA Notary Inc. Total Enclosed \$ _____

- Registration email and link access for online courses will be sent to the email address listed above upon receipt.
- Cancellations for live seminars: Cancellations requests must be received by us five days prior to the scheduled class by the following methods for full refund. By email, by Fax at 412.829.7809 or telephone at 412.607.0219. Also by US Mail to 104 Brinton Street Monroeville, PA 15146. Cancellations must be acknowledged by us via email or telephone to receive a full refund. Transfers to other classes are accepted one day prior to class. That can be done by phone or email.
- Cancellations or refunds for our online courses: Refunds for online seminars are non-refundable once ANY class has been accessed. Refunds are not available for a commission processing package for anyone who fails to finish the procedure for any reason. If a student fails to execute their bond in the time frame allotted, we will resubmit their application for an additional \$40.00. Refunds are not available for a commission processing packages either with a course or alone, for anyone who is rejected by the state.

Mail To: PA Notary Inc. 104 Brinton Street Monroeville, PA 15146

Office use only: Processed _____ Rcd Bond _____ Processed _____ Fax Comm _____ Processed _____

panotaryinc.
panotarypublic panotaryeducation panotaryacademy panotaryeducation-online



For Official Use Only

PRINT OR TYPE CLEARLY. FILL OUT APPLICATION COMPLETELY. Do not leave any blanks.
 Use "none" or "N/A" if applicable. **An incomplete application will delay your appointment.**
FEE: \$40 – make check or money order payable to: COMMONWEALTH OF PENNSYLVANIA.

CHECK ONE: **New Appointment**
 Reappointment (have been a notary in Pennsylvania before)

Complete the following if you have ever been a notary in Pennsylvania before:	
Notary commission expiration date	Full name on previous commission
Notary commission ID number	Other name used on previous commission

PART I: Applicant Information (NOTE: Employer/Business contact information will be public record)				
First Name	Middle Name or Initial (if used)	Last Name	Suffix (if applicable)	
Date of Birth (mm/dd/yyyy)	Social Security Number (xxx-xx-xxxx)	Email Address (Optional)		
Name of Employer/Business where Notary Commission will be used (Do not leave blank. If not applicable, please indicate.)				
Employer/Business Street Address (P.O. Box alone is insufficient)		City	State	Zip Code
Employer/Business Telephone (include area code)		Municipality (city/borough/township)	County	
Home Street Address (P.O. Box alone is insufficient)		City	State	Zip Code
Home Telephone (include area code)		Municipality (city/borough/township)	County	

Part II: Education, Criminal History, Other Notary Commission History (Check or mark appropriate boxes)	YES (✓)	NO (✓)
I am a notary applicant for initial appointment or reappointment and I have completed a pre-approved three-hour notary public education course within the six-month period immediately preceding this application (unless permanently exempted). Attach a copy of your course completion certificate and retain your original. Lack of proof of education will result in application rejection.		
Have you ever been convicted of or entered a plea of guilty or nolo contendere to a felony or lesser offense preceding the date of this application? If yes, attach full details (name of court, plea or conviction, sentence and length of probation) and appropriate supporting documents with a signed and dated personal explanation.		
Have you ever resigned a notary commission or had a notary commission suspended, revoked or otherwise disciplined by the Commonwealth or any other state/jurisdiction preceding the date of this application? If yes, attach full details and appropriate supporting documents with a signed and dated personal explanation.		
Have you ever had any other professional or occupational license suspended, revoked or otherwise disciplined? If yes, attach full details and appropriate supporting documents with a signed and dated personal explanation.		

Note that disclosing your social security number on this application is mandatory for the Department of State to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). To enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare (DPW) information prescribed by DPW about the licensee, including the social security number.

APPLICANT AFFIDAVIT: I am of good moral character and am familiar with the duties and responsibilities of a notary public. I shall furnish additional evidence of these statements, if requested, which shall be satisfactory to the Secretary of the Commonwealth. To the best of my knowledge and belief, this application contains no misrepresentations or falsifications, omission or concealments of material fact and the information given by me is true and complete. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my notary commission.

Applicant Signature (must match name in Part I) _____
Date

PART III: To be completed by Pennsylvania Senator before application is submitted. It is the applicant's responsibility to obtain the signature of the Senator.		
I HEREBY ENDORSE THE APPLICATION OF THIS APPLICANT WHO IS A RESIDENT OF MY SENATORIAL DISTRICT OR, IF NOT A PENNSYLVANIA RESIDENT, WHO IS EMPLOYED IN MY SENATORIAL DISTRICT. (All information below must be completed by the Senator.)		
_____ Signature of Senator	_____ District	_____ Date



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Date of Birth (mm/dd/yyyy)	Social Security Number (xxx-xx-xxxx)	Email Address (Optional)	
Name of Employer/Business where Notary Commission will be used (Do not leave blank. If not applicable, please indicate.)			
Employer/Business Street Address (P.O. Box alone is insufficient)		City	State Zip Code
Employer/Business Telephone (include area code)	Municipality (city/borough/township)		County
Home Street Address (P.O. Box alone is insufficient)		City	State Zip Code
Home Telephone (include area code)	Municipality (city/borough/township)		County

Part II: Education, Criminal History, Other Notary Commission History (Check or mark appropriate boxes)	YES (√)	NO (√)
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