

**AKRON BAR ASSOCIATION
NEW APPLICATION FOR NOTARY PUBLIC**

Name: _____ Phone: _____

Address: _____
Street Address City State Zip

County of Residence: _____ Email: _____

Date of Birth: _____ Birth Location: _____
City State County

Employer: _____ Occupation: _____

Business Address: _____
City State Zip

Are you a citizen? Yes No If naturalized, when and where? _____

For what purpose will you use your commission? _____

Has your application for the office of notary public ever been rejected? No Yes

Have you ever been removed from the office of notary public? No Yes

Are you now a notary? No Yes If so, for what county of residence? _____

Other than **MINOR** traffic offenses, have you ever been convicted of **ANY** criminal offense or violation of **ANY** Ordinance, including DUI's and OVI's, Drug Possession, Drug Paraphernalia, Domestic Violence, Theft, or any type of Felony? No Yes

If so, give **particulars & details** on these & all other criminal matters:

Failure to fully disclose all information is grounds for the denial of your application.

State of: _____

County of: _____

The undersigned, an applicant for the office of notary public, **HAVING DULY SWORN**, says that he/she is a citizen of the United States, a legal resident of the State of Ohio and 18 years of age or over, and that all statements contained in the foregoing application are his (her) own answers and are true; the signature, in his (her) own handwriting.

The undersigned also acknowledges that as part of the application process, the Akron Bar Association may conduct an investigation into the applicant's background (including but not limited to his/her criminal record and involvement in civil, administrative or regulatory proceedings). Applicant consents to the foregoing, agrees that all information disclosed by him/her in connection with this application may be used by the Akron Bar Association, and disclosed to third parties, as a part of such investigation. Applicant releases and discharges the Akron Bar Association, its officers, directors, employees and members from any claims of whatever nature or description arising out of or related in any manner to the application process.

SUBSCRIBED & SWORN to before me by the applicant herein, this _____ day of _____, 20 _____

Signature of Applicant

(SEAL)

Notary Public, State of Ohio
My commission expires: _____

PLEASE BE SURE THAT YOUR APPLICATION IS NOTARIZE PRIOR TO TAKING THE TEST.