

NORTH CAROLINA DEPARTMENT OF THE SECRETARY OF STATE

CERTIFICATE OF MORAL CHARACTER FOR:

Applicant for Notary Public

Section A

1- I am aware of the charges/convictions against this Notary applicant. Yes [ ] No [ ]

2- Will the charges/convictions against this applicant affect his/her ability to act as a Notary. Yes [ ] No [ ]

3- How long and well have you known the applicant? (This form is to be completed by someone other than a family member that has known the applicant for at least 2 years. Please include the nature of your relationship.)

4- What opportunities have you had for forming an opinion of this applicant's character?

5- Are you personally acquainted with the applicant's associates? If so, what is their reputation in the community?

6- What is the applicant's reputation for honesty? Integrity? Trustworthiness? Character?

Section B

Please indicate to the best of your knowledge whether or not the applicant has ever been:

7- Dropped, suspended, asked to resign or subjected to other discipline from an educational institution Yes [ ] No [ ]

8- Discharged or asked to resign from employment Yes [ ] No [ ]

9- Addicted to the use of drugs (illegal or legal) or intoxicating liquors Yes [ ] No [ ]

10- Regularly treated for any form of mental disability Yes [ ] No [ ]

If the answer to any of the above is yes, please explain in detail on a separate page.

Section C

Please indicate your honest opinion:

11- Would you recommend this applicant for a position of trust and confidence? Yes [ ] No [ ]

12- Does this applicant possess the high standards of moral character you would expect from a notary? Yes [ ] No [ ]

If the answer to either of these two questions is no, please explain in detail on a separate page.

I hereby certify that the information given in the foregoing answers is correct and was given from personal knowledge, and I further certify that any information received from others has been obtained from sources from which I believe to be reliable and was not secured from the applicant or members of the applicant's family.

I personally recommend to become a Notary Public. (printed name of Applicant)

Name of Character Witness:

Signature of Character Witness:

Address: Employer: Home/Cell Phone:

State of North Carolina

County:

Signed and sworn to before me this the day of by (printed name of Character Witness)

(Official Signature of Notary Public)

(seal)

My Commission Expires: , 20.

CERTIFICATE OF MORAL CHARACTER

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