



State of North Carolina
 Department of the Secretary of State
 Elaine F. Marshall, Secretary of State

Register of Deeds
 Clerk of Court

APPLICATION FOR RE-CERTIFICATION AS A NORTH CAROLINA NOTARY PUBLIC INSTRUCTOR

(Revised April 2010)

Applicant's Full Legal Name (full name with no initials) _____ Gender: M F

Applicant's Commission Name _____

June 4, 2010

Commission Expiration Date	Commission County
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Date of Initial Certification	Has your Instructor Certification been continuous? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Mailing Address:	City:	State:	Zip:
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Residence Address (if Different):	City:	State:	Zip:
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Business Phone:	Home Phone:	Fax:
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Social Security #	eMail Address:	County of Residence:
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Educational Institution:	Contact Person:	Phone:
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Do you have a current notary guidebook? Yes No
 If yes: Year Edition

State of North Carolina
 County of _____

I, _____, solemnly swear or affirm under penalty of perjury that the information in this
 (applicant's printed name as commissioned)
 application is true, complete and correct; that I understand the official duties and responsibilities of a notary public and notary public
 instructor in this State, as described in the statutes; that I can speak, read and write in the English language; and that I will perform to the
 best of my ability all responsibilities of teaching the notary public and/or electronic notary public course curriculums in accordance with
 the law.

Signature of Applicant: _____
 (This signature must match the commission name)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____

(Official Seal
 or Stamp)

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires _____, 20_____