

Akron Bar Association



New Notary Public Application

Do you live in or work in Summit County? Yes No - If your answer is No, you are **not eligible** to apply for a Notary Commission through the Akron Bar Association. Please contact the Clerk of Courts or Bar Association in the county in which you reside for assistance.

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Maiden Name, if Applicable: _____

Address: _____ City: _____ State: ____ Zip: _____ County: _____

Home Number: _____ Cell Number: _____

Email Address: _____

Date of Birth (MM/DD/YYYY): ____/____/____ Birth Location (City, State, Country): _____

Are you a United States Citizen? Yes No If naturalized, when (MM/DD/YYYY): ____/____/____

For what purpose are you seeking to become a Notary Public? _____

Employment Information

Employer: _____ Occupation: _____

Employer Address: _____ City: _____ State: ____ Zip: _____ County: _____

Employer Phone Number: _____

Disclosure (Failure to disclose all information is grounds for the denial of your application)

Have you ever been convicted of or are you presently under indictment, charge or citation for **any** felony or misdemeanor (other than **minor** traffic offenses such as speeding tickets)? Yes No; If yes, provide the particulars and details for each incident (use a separate piece of paper if necessary).

Have you previously served as a Notary Public? Yes No; If yes, when: MM/DD/YYYY: ____/____/____ County: _____

Was your Notary license suspended or revoked? Yes No; If yes, when: MM/DD/YYYY: ____/____/____

Your signature must be applied to this form in the presence of a notary

State of : _____

County of : _____

The undersigned, an application 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 him/her in connection with the application may be used by the Akron Bar Association and disclosed to third parties, as a part of such investigation. Applicant's 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.

Applicant Signature: _____ **SUBSCRIBED & SWORN** to before me by the applicant herein,
this _____ day of _____ 20____ Notary Public Signature: _____ My Commission
Expires: _____ (SEAL)

PLEASE BRING YOUR NOTARIZED APPLICATION WITH YOU TO THE EXAM