

Application Registration for Online Notary Public

Mail to: Florida Department of State, Division of Corporations, ATTN: Notaries PO Box 6327, Tallahassee, FL 32314

In person or courier service to: 2415 North Monroe St., Suite 810, Tallahassee FL 32303

PERSONAL INFORMATION

Full name: _____
(Last) (First) (Middle)

Name as Commissioned: _____

Home Address: _____
(Street) (City) (State) (County) (Zip)

Email Address: _____ Phone Number: _____

Florida Notary Commission Number: _____ Expiration: _____

Florida Notary ID: _____

Civil-Law Notary- Florida Bar Number: _____ Date appointed: _____

Commissioner of Deeds Expiration date: _____

I will use the following RON Service Provider in compliance with Florida Law: _____

The applicant confirms:

1. The technology and processes they have chosen for use in performing online notarizations must satisfy the requirements set forth in Ch. 117, Florida Statutes, and Ch. 1N-7, Florida Administrative Code.
2. They have submitted evidence of obtaining a bond in the amount of \$25,000.
3. They have submitted evidence of Errors and Omission (E&O) insurance policy in the minimum amount of \$25,000.
4. They have submitted a copy of their commission or appointment as a Notary Public, Civil-Law Notary, or Commissioner of Deeds.
5. They have submitted payment of registration fee of \$10 by check payable to the Florida Department of State.
6. They understand that suspension, revocation, expiration, or termination of the applicant's Notary Public commission or appointment as a Civil-Law Notary, or Commissioner of Deeds immediately deactivates an Online Notary Public's registration.
7. They have submitted evidence of completing a classroom or online course covering the duties, obligations and technology requirements for serving as online notary public.

Under penalties of perjury, I declare that I have read the foregoing Registration for Online Notary and that the facts stated in it are true.

Signature: _____

Print Name: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to, affirmed, and subscribed before me by means of () physical presence or () online notarization, this
____ Day of _____ 20____, by _____ who is personally known to me or who has
produced _____ as identification.

[PLACE NOTARIAL SEAL]

Notary Signature: _____

Print Name: _____

Notary Public, State of Florida

My Commission Expires: _____

1N-7.005 Online Notary Public and RON Service Provider Required Information.

(1) Online notary public.

(a) Within 30 day of the effective date of this rule, a currently registered online notary public shall provide the Florida Department of State the name of the online notary public's RON service providers, the effective dates during which the online notary public used each RON service provider, and, if applicable, the name of any secured repositories to which the online notary public may have delegated his or her duties pursuant to Section 117.245(4), F.S., from January 1, 2022, and thereafter.

(b) An individual registering as an online notary public, shall provide this information at the time of his or her registration.

(c) The online notary public shall submit this information on Form Number DS-DOC-50, titled "Online Notary Public: Required Information," Effective 02/2022, which form is hereby incorporated by reference and is available on the Department of State's website at <https://dos.myflorida.com/sunbiz/other-services/notaries/notary-forms/> or <http://www.flrules.org/Gateway/reference.asp?No=Ref-14032>.

(d) An online notary public that changes, adds, or removes a RON service provider or secured repository from the online notary public's use shall submit to the Department within 30 days of the change an amended Form DS-DOC-50 identifying the online notary public's updated RON service providers and, if applicable, secured repositories.

(2) RON service provider.

(a) Within 30 day of the effective date of this rule, and annually thereafter, a RON service provider shall provide the Florida Department of State, a self-certification form confirming that its audio-video communication technology and related processes, services software, data storage, or other services provided to online notaries public for the performance of online notarization satisfy the requirements of Chapter 117, F.S., and any rules promulgated by the Florida Department of State pursuant to Section 117.295, F.S.

(b) The RON service provider's self-certification is effective for a period of 1 year after the date the RON service provider files it with the Department.

(c) If applicable, the RON service provider shall, at the same time it files its self-certification, identify any secure repositories to which the RON service provider may have delegated its duties pursuant to Section 117.245(4), F.S., from January 1, 2022, and thereafter.

(d) The RON service provider shall submit this information on Form Number DS-DOC-51, titled "RON Service Provider: Self-Certification and Required Information," Effective 02/2022, which form is hereby incorporated by reference and is available on the Department of State's website at <https://dos.myflorida.com/sunbiz/other-services/notaries/notary-forms/> or <http://www.flrules.org/Gateway/reference.asp?No=Ref-14033>.

(e) A RON service provider that, pursuant to Section 117.245(4), F.S., delegates its duties to a secured repository after it has already filed its annual certification shall submit to the Department an amended Form DS-DOC-51 within 30 days after making such delegation.

(f) An entity that seeks to begin providing RON service provider functions after the effective date of this rule shall submit the information required by this section prior to providing RON service provider functions.



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ONLINE NOTARY PUBLIC: REQUIRED INFORMATION

Name: _____

Notary Commission: _____

Identify in the chart below any Remote Online Notary Service Providers you have used since January 1, 2022, to the date of your submission of this form, to perform remote online notarizations. (Use as many lines as necessary)

Remote Online Notary Service Provider Name	Effective Start Date	Effective End Date (if applicable)



If applicable, identify any secured repositories to which you have delegated your duty to retain your electronic journal pursuant to s. 117.245(4), F.S, since January 1, 2022, to the date of your submission of this form.

Secure Repository Name	Address	Email or Phone Number	Effective Start Date	Effective End Date (if applicable)

Notary signature: _____ Date: _____

Submit your information form to the Division of Corporations by either completing the form online at online-notary.sunbiz.org or by submitting a completed copy of this form by email at NotariesCorpHelp@DOS.MyFlorida.com. If you have questions, please contact the Notary Section at (850) 245-6975.