

## Four-Year Notary Public Commission Application Instructions

You may NOT perform notarial acts until you are notified by the Department of Financial Institutions that the commission has been issued or reissued in the case of a reappointment.

### General Requirements:

In order to become a Notary Public under Wisconsin [Statutes chapter 140](#), you must be a resident of the United States, 18 years of age or older, have at least the equivalent of an eighth grade education, and pass the online Notary Public exam (<https://www.wdfi.org/apps/NotaryTutorialExam/TableOfContents.aspx>) with 90% or better (the test can be repeated). In addition, under current law, a person convicted in state or federal court of a felony, or a person convicted of a misdemeanor involving a violation of the public trust, may not be commissioned as a notary public for the State of Wisconsin unless the offense has been expunged or pardoned.

### Instructions for the Four-Year Notary Application

1. Indicate the expiration date of your most recent Wisconsin notary commission unless this is your first commission.
2. If you had a previous notary commission in Wisconsin and your name has changed, enter your former name(s).
3. Enter your current full legal name (first, middle, last and suffix (Jr, Sr, if applicable)).
4. Enter your complete mailing address. Use "In Care Of" only if the mailing address is a business address.
5. Please enter your email address to receive communication regarding your notary application and commission certificate. You may wish to add "DFINotary@dfi.wisconsin.gov" to your contacts to prevent the email from being sent to a spam folder.
6. Enter your date of birth.
7. Enter your phone number with the area code. If you have an extension, enter that after your phone number.
8. Affix a clear impression of your notary seal/stamp in the space provided. (If the impression/stamp leaves an unclear mark, affix additional samples on a separate white sheet of paper and include the paper with your application.).
9. Sign with your official notary signature using the exact spelling as shown on your notary seal/stamp.
10. Enter your name exactly as signed (and as the name appears on the seal/stamp).
11. Answer "Yes" or "No." Attach an explanation if you answered "Yes".
12. Read the statement and apply your original signature.

### You must purchase:

- An engraved official seal or official rubber stamp that contains "State of Wisconsin," "Notary Public" and your printed name that must include your full current last name. No title such as "Dr." or "CPA" should appear before or after your name.
- A \$500.00 bond.

**Please keep in mind that when performing a notarial act you must always sign your name exactly as set forth on your seal/stamp. An application submitted with an un-clear seal/stamp impression or with additional non-notary seals affixed, cannot be accepted for filing and will be returned.** Be certain your seal/stamp impression is still totally clear and legible. If necessary, affix the impression on a separate piece of paper and attach it to your application. Do not affix other seals/stamps (those showing county) on the application form, as these seals/stamps are not considered "official" notary seals, and therefore, may not be affixed on the application.

### You must complete and submit the following by either Email or Mail:

- Four-year Notary Public Commission Application
- Notary Bond Form
- Oath of Office Form
- Certificate from passing the Notary Exam with 90% or better ([www.wdfi.org/apps/NotaryTutorialExam/TableOfContents.aspx](http://www.wdfi.org/apps/NotaryTutorialExam/TableOfContents.aspx)), taken within 1 year of the date of submission of the application.
- \$20 filing fee made payable to the Wisconsin Department of Financial Institutions (if not already submitted electronically)

<b>Mail to:</b> Notary Records Section Department of Financial Institutions PO Box 7847 Madison, WI 53707-7847	<b>Phone:</b> (608) 266-8915  TTY: 711	<b>Email to:</b> <a href="mailto:DFINotary@dfi.wisconsin.gov">DFINotary@dfi.wisconsin.gov</a> (Scanned document may be saved and attached to email. If you have an impression seal it must be shaded before scanning)	<b>Fax</b> (608) 264-7965 (If you have an impression seal it must be shaded before faxing)
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**NOTICE:** You are hereby informed that the information you provide on the application may be considered a public record available for public inspection. Wisconsin Statutes require that you provide written notice of any change of address to the Wisconsin Department of Financial Institutions within 10 days of the change. Grounds for revocation of your commission may include: providing false information on this application, conviction for certain crimes while holding a commission, failing to comply with Wisconsin law governing notaries and notarial acts, or failing to promptly respond to any inquiries or request for information from the Department.



**State of Wisconsin**  
 Four-Year Notary Public  
 Commission Application



OFFICE USE ONLY
COMMISSION DATE: _____
<b>Fee: \$20.00</b>

1. Is this your first Wisconsin commission?  Yes  No If "No," indicate the most recent expiration date: \_\_\_\_\_

2. If the name on your last commission has changed and you have not notified us, list former name(s) here:

3. Current Full Name:	First	Middle	Last	Suffix
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4. Mailing Address  
 In Care of: (Business Name, if applicable)

Street Address or PO Box	City	State	Zip Code
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5. Email Address (For contact and/or emailing the commission certificate)	6. Date of Birth (MM/DD/YYYY)	7. Phone Number (Best number to contact)
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8. Place a clear impression of seal/stamp sample here. If impression is not clear, apply sample and signature to plain white paper and include with this application.

11. Have you ever been convicted of (a) a felony; or (b) a misdemeanor involving a violation of the public trust?

Yes  No If "Yes," submit documentation of the conviction(s) and indicate current status of the conviction(s).

12. To the Department of Financial Institutions: I hereby apply for a four-year appointment as a Wisconsin Notary Public. I certify that I am a United States resident, educated with regard to the duties and responsibilities of a Notary Public, and that I have at least the equivalent of an eighth grade education, and that all of the information I have provided is true.

**Applicant Signature:**

- Submit:
- Completed application
  - Notary Bond
  - \$20.00 (if not already submitted electronically)
  - Oath of Office
  - Notary Exam Certificate

Email or Mail to:

9. Sign your name exactly as it appears on your seal/stamp

10. Print your name exactly as it appears on your seal/stamp

First	Middle	Last	Suffix
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<b>Email to:</b> <a href="mailto:DFINotary@dfi.wisconsin.gov">DFINotary@dfi.wisconsin.gov</a> (Scanned document may be saved and attached to email. If you have an impression seal it must be shaded before scanning)	<b>Mail to:</b> Notary Records Section Department of Financial Institutions PO Box 7847 Madison, WI 53707-7847
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**Oath of Office  
Four-Year Notary Public Commission**

**Notary Applicant Section** (person applying for a four-year notary public commission):

**\*\*\*IN THE PRESENCE OF A NOTARIAL OFFICER\*\*\*  
Complete lines 1 and 2. **Do not notarize your own signature!****

I do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of Wisconsin, and will faithfully discharge the duties of the office of Notary Public, in and for the State of Wisconsin, to the best of my ability; that I am a resident of the United States, and am 18 years of age or older.

1. Notary Applicant Signature: \_\_\_\_\_

2. Notary Applicant Printed Name: \_\_\_\_\_

**Notarial Officer Section** (person who administers the oath to the applicant, and watches the applicant sign):  
Complete lines 3-9. Officer who signs line 6 may not be the applicant who signs line 1.

3. State of \_\_\_\_\_ 4. County of \_\_\_\_\_

5. Subscribed and sworn to before me on this day (MM/DD/YYYY): \_\_\_\_\_

**Note: The name and signature in numbers 6, 7 and 8 must be spelled exactly the same.**

6. Signature of Notarial Officer: \_\_\_\_\_

7. Print name of Notarial Officer: \_\_\_\_\_

**8. Seal/Stamp of Notarial Officer**

9. Check only **ONE** box:

Notarial Officer is a Notary Public whose commission expires on \_\_\_\_\_.

**OR**

Notarial Officer is a Notary Public whose commission is Permanent.

**OR**

Notarial Officer is not acting as a Notary Public but as authorized by Section 706.07 or 887.01, Wis. Stats., with this title:

\_\_\_\_\_

## Bond Instructions

All persons applying or reapplying for a four-year notary public commission must purchase a \$500 bond from an insurance company. Contact the insurance company of your choice to purchase a bond. This bond form, or a bond form supplied by an insurance company, must be completed and submitted to the Wisconsin Department of Financial Institutions as proof that you have purchased a bond. Any bond form supplied by an insurance company must be in a format previously approved by DFI. The insurance company you choose to supply your bond must be qualified to write surety bonds in Wisconsin.

**Notary Applicant:** Complete sections 1-6. Section 1 must be an original signature.

**Insurance Agent:** Complete sections 7-13. Sections 9, 10, and 11 must indicate the surety company's information rather than the local insurance agency's name and address. For section 13, if a seal or stamp is affixed, the name of the surety company on the seal or stamp must match the name listed in section 9. If a power of attorney form is used, the agent's name as signed in section 7 must appear on the power of attorney.

### Notary Public Bond

KNOW ALL TO WHOM THESE PRESENTS SHALL COME, that we (notary applicant and surety), jointly and severally, undertake and agree that the notary applicant, upon appointment to the office of Notary Public, will faithfully discharge the duties of said office according to law, and that the surety will pay to the parties entitled to receive the same, such damages, not exceeding the aggregate FIVE HUNDRED DOLLARS (\$500) as may be suffered by them in consequence of the failure of the notary applicant herein to discharge his or her duties as a Notary Public.

#### Notary Applicant – Complete 1 – 6

1. Signature of notary applicant
2. Print name of notary applicant
3. In care of: (Business name, if applicable)
4. Mailing address of notary applicant
5. City <span style="float: right;">State</span> <span style="float: right;">Zip</span>
6. Daytime telephone of notary applicant

#### Insurance Agent – Complete 7 – 13

7. Signature of surety company agent
8. Print name of person who signed #7
9. Print name of surety company
10. Mailing address of surety company
11. City <span style="float: right;">State</span> <span style="float: right;">Zip</span>
12. Date

13. Surety company seal, stamp or power of attorney must be affixed.

After this form has been completed, email or mail it in the same envelope along with your completed application, Notary exam certificate, Oath of Office, and \$20 filing fee (if not already paid online) to:

**Email:** [DFINotary@dfi.wisconsin.gov](mailto:DFINotary@dfi.wisconsin.gov)

**OR**

**Mail:**

Notary Records Section  
WI Dept of Financial Institutions  
PO Box 7847  
Madison WI 53707-7847

**Questions?**

Email: [DFINotary@dfi.wisconsin.gov](mailto:DFINotary@dfi.wisconsin.gov)

Call: 608-266-8915

Fax: 608-264-7965