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Remote Online Notarization
Communication Technology
Provider Application for
Approval

Company Name:		
Street Address:		
City:	State:	Zip:
Phone:	Email:	

Contact Person:	Title:
Phone:	Email:

Please provide a brief explanation of each of the following items, including reference to (and hyperlinks or copies of) any additional documentation that would be helpful for the Department and the Remote Notary Council in understanding the responses and your organization's technology and processes:

- 1) How the provider will ensure that notarial acts for remotely located individuals performed on the provider's platform by a notary public of this state comply with the requirements of ss. 140.145 and 140.20, Stats., and the accompanying administrative rules (the relevant statutes and administrative rules can be found [here](#));
- 2) The proposed methods of performing a notarial act involving a remotely located individual using the provider's communication technology;
- 3) The process or service used to verify the identity of a remotely located individual by a review of personal information from public or private data sources ("identity proofing");
- 4) The means used to ensure that notarial acts for remotely located individuals are accurate, authentic, resistant to tampering, and tamper-evident;
- 5) The means used to ensure that all parties using the communication technology are viewing the same record, and that all signatures, changes, and attachments to the record are made in real time;

- 6) The means used to ensure that the communication technology is secure from hacking or interception;
- 7) The means used to ensure that notarial acts for remotely located individuals are recorded and adequately preserved for a period of at least seven years after the recording is made;
- 8) The means used to ensure that notaries public are properly instructed and competent to perform notarial acts for remotely located individuals using the provider's communication technology;
- 9) All jurisdictions in which the provider's communication technology has been approved or disapproved for the performance of notarial acts for remotely located individuals;
- 10) The provider's experience and track record in utilizing the aforementioned means, processes, and procedures in other jurisdictions;
- 11) Whether the provider has been approved or disapproved for use by companies that provide insurance for transactions requiring notarized signatures, such as land transactions;
- 12) Any warning letters or complaints received or disciplinary actions taken against a provider in any other jurisdiction;
- 13) Any pending, threatened, or adjudicated lawsuits against the provider relating in any way to the performance of notarial acts using the provider's communication technology in any jurisdiction;
- 14) Whether the provider has and will maintain insurance coverage or other security for potential errors or omissions relating to the communication technology or provider's processes; and
- 15) Any other such information that may be necessary or helpful to evaluate the provider's request for approval.

The Department or the Remote Notary Council may request additional information if needed to aid in evaluating the request for approval.

Signature:	Date:
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This document may be made available in alternative formats upon request to qualifying individuals with disabilities.

SUBMISSION AND DOCUMENTATION: This completed form, along with any supporting documentation, may be submitted via:

<p>E-Mail:</p> <p>DFINotary@dfi.wisconsin.gov</p>
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