

## State of Louisiana Notary Division

P.O. Box 94125 Baton Rouge, LA 70804 225-922-0507 **R. Kyle Ardoin**Secretary of State

Notary Education Provider R.S. 35:191.4			Registration Year		
(PLEASE TYPE OR PRINT)					
Provider Name					
Provider is: (check one)  ☐ Individual ☐ Partnership ☐ LL	C □ Corporation □ S	State Chartered Educa	tional Institution		
Provider Mailing Address		City	State	Zip	
Instruction Site Physical Address	3	City	State	Zip	
Instruction Site Physical Address	3	City	State	Zip	
(If more than 2 locations, list addres	sses on additional page	e provided)	Provide	r Email Address	
Provider Representative:		_	Prov	Provider Website	
Full Name	Title	Address		Phone	
Print name and Notary ID# of inst last page.	ructor(s) below: (Inst	tructors require state	ewide jurisdictio	n.) If more than 2 list on	
1.		2.			
Performance Bond R.S. 35:191.4 Exempt from bonding: Providers the University of Louisiana System, Boa	st: \$ k(C) <u>\$25,000 Performant</u> at operate under the overard of Supervisors of L	nce Bond required to versight of the Board o	<i>be in favor of the</i> of Regents, Board sity and Agricultu	Secretary of State  I of Supervisors for the ral and Mechanical	
College, Board of Supervisors of So Community and Technical Colleges	outhern University and				
Name of Suret	у	Amount (must be a	t least \$25,000)	Expiration Date	

<sup>\*</sup> Please provide an original performance bond along with your completed provider registration form. \*

## Notary Education Provider Registration (additional information)

I certify under penalty of criminal prosecution that the information provided herein is true and complete.					
(Date)	(5	Signature of Provider)	∍ of Provider)		
If more than 2 locations, list additional address	es below:				
Instruction Site Physical Address	City	State	Zip		
Instruction Site Physical Address	City	State	Zip		
Instruction Site Physical Address	City	State	Zip		
If more than 2 instructors, list additional instruc	ctors below:				
3.	4.				
5.	6.				