



**State of Louisiana
Notary Division**
P.O. Box 94125
Baton Rouge, LA 70809
225-922-0507

R. Kyle Ardoin
Secretary of State

Notary Education Provider La. R.S. 35:191.4 **Registration Year** _____

(PLEASE TYPE OR PRINT)

Provider Name

Provider is: (check one)

Individual Partnership LLC Corporation State Chartered Educational Institution

Provider Mailing Address **City** **State** **Zip**

Instruction Site Physical Address **City** **State** **Zip**

Instruction Site Physical Address **City** **State** **Zip**

(If more than 2 locations, list addresses on additional page provided)

Provider Email Address

Provider Representative:

Provider Website

Full Name **Title** **Address** **Phone**

Print names of instructors below. (If more than 3 instructors, list on additional page provided.)

1.	2.	3.
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Method of Instruction: (check all that apply)

Classroom Instruction Correspondence Instruction Electronic Instruction Other _____

Course Hours: _____ **Cost: \$** _____

Performance Bond La. R.S. 35:191.4(C) \$25,000 Performance Bond required to be in favor of the secretary of state

Exempt from bonding: Providers that operate under the oversight of the Board of Regents, Board of Supervisors for the University of Louisiana System, Board of Supervisors of Louisiana State University and Agricultural and Mechanical College, Board of Supervisors of Southern University and Agricultural and Mechanical College or Board of Supervisors of Community and Technical Colleges.

Name of Surety	Amount (must be at least \$25,000)	Expiration Date

Please provide an original performance bond along with your completed provider registration form

