

STATE OF LOUISIANA
SECRETARY OF STATE

R. Kyle Ardoin
Secretary of State

Notary Division
(225) 922-0507

Fax Numbers
(225) 932-5359 Notary



**TRANSMITTAL INFORMATION
For All Notary Filings**

Please indicate payment and contact information below

Check or Money Order Enclosed

Use credit card on file*
Last 4 digits of card on file _____

* Do not include credit card information on this form. To store credit card information on file, navigate to sos.la.gov/notarysignin, create an account, if necessary, and sign in. Click Update Master Account, and then click Manage Saved Payments. Please provide your email address and last 4 digits of the stored credit card on this form so we can retrieve your payment information.

Name of Person Filing Document

Address

City

State

Zip Code

Daytime Phone Number

Fax Number

Email Address

Mailing Address: P. O. Box 94125, Baton Rouge, LA 70804-9125
Physical Address: 8585 Archives Ave., Baton Rouge, LA 70809
www.sos.la.gov

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STATE OF LOUISIANA
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P.O. BOX 94125
BATON ROUGE, LA 70804-9125
225.922.0507
WWW.SOS.LA.GOV



APPLICATION FOR PROVISIONAL NOTARIAL APPOINTMENT

Name of Applicant:

Name of Employer:

Address of Applicant:

Principal Business Address of Employer:

Principal Address at which the Applicant will Exercise Notarial Functions:

Provisional Notary Qualifications: R.S. 35:191(W)
(notary applicant acknowledge each with your initials)

I understand that:

(initial)

- | | |
|---|--|
| 1. I must reside and maintain a residence in a parish with a population of less than 40,000. | |
| 2. I must have passed the General Knowledge of the Louisiana State Notary Exam on or after December 1, 2009. | |
| 3. I shall have authority to exercise the powers of a notary public only within the course and scope of my employment. | |
| 4. I shall exercise my notarial authority under the direction of a supervisor for the employer. | |
| 5. my supervisor shall not be a notary. | |
| 6. my employer must be a business that was in existence prior to Jan. 1, 2013. | |
| 7. my employer shall not be a business whose primary function is to provide notary services | |
| 8. my employer must be a party to the act or instrument being sworn to, acknowledged, or passed before me or the act or other instrument is necessary to or incidental to the business activity or operations of the employer. | |
| 9. at least one of the persons appearing before me to execute an affidavit, acknowledgment, or other notarial act or instrument is a former, current or prospective client or customer of my employer. | |
| 10. I have no authority to:
a. draft and prepare a last will and testament or donation mortis cause
b. draft and prepare a trust
c. draft and prepare any instrument that transfers title to immovable property including but not limited to an act of sale or act of donation | |
| 11. my jurisdiction is within the parish of my commission and in any adjacent parish with a population of less than 40,000 where my employer maintains an office. | |
| 12. I must post and maintain a bond, at the expense of my employer, in the amount of \$20,000. | |
| 13. my employer shall hold me harmless for any claim made against my bond when I am acting in the course and scope of my employment or under the direction of my employer. | |

Provisional Notary Requirements: cont.	
(notary applicant acknowledge each with your initials)	(initial)
14. I must submit the completed and notarized Application for Provisional Notarial Appointment provided by the secretary of state.	
15. I am required to attend the Notary Orientation Class provided by the secretary of state.	
16. if my employer terminates my employment or no longer wishes to be bound by these provisions, he shall immediately send written notice to the secretary of state and my commission shall be automatically revoked unless; <ul style="list-style-type: none"> a. I declare in writing my intention to remain a provisional notary with an inactive status until I submit a new Application for Provisional Notary from another employer to the secretary of state. b. I declare in writing to remain a provisional notary with an inactive status while pursuing successful completion of the scenario section of the Louisiana Notary Exam and shall exercise no notarial functions until I am notified by the secretary of state that my status is changed. 	
17. if I voluntarily terminate employment with my named employer, I must submit written notification to the secretary of state and; <ul style="list-style-type: none"> a. declare in writing my intention to remain a provisional notary with an inactive status until I submit a new Application for Provisional Notary from another employer to the secretary of state. b. declare in writing to remain a provisional notary with an inactive status while pursuing successful completion of the scenario section of the Louisiana Notary Exam and shall exercise no notarial functions until I am notified by the secretary of state that my status is changed. 	
18. my employer is not liable for any damages caused by my negligent or fraudulent errors or omissions when I am notarizing outside the course and scope of my employment.	
19. I may have my commission suspended or revoked by the court, or suspended by the secretary of state pursuant to La. R.S.35:15.	
20. my Provisional Notary Commission shall expire on Aug. 1, 2017 unless I have successfully passed all sections of the Louisiana Notary Exam.	
Qualifications for Employer of Provisional Notary:	
(employer acknowledge each with your initials)	(initial)
1. the Provisional Notary in my employ shall exercise notarial authority under my supervision.	
2. the employer shall not supervise a Provisional Notary if the employer is a Louisiana notary.	
3. the employer of the provisional notary must have been a business prior to Jan. 1, 2013.	
4. the employer must be a party to the act or instrument being sworn to, acknowledged, or passed before the provisional notary or the act or other instrument is necessary to or incidental to the business activity or operations of the employer.	
5. the \$20,000 Notary Bond the provisional notary must post is at the expense of the employer.	
6. the employer shall hold the provisional notary harmless for any claim made against the posted bond when the provisional notary is acting in the course and scope of his employment.	
7. if the employer terminates the employment or no longer wishes to be bound by these provisions, the employer shall immediately send written notice to the secretary of state and the provisional notary's commission shall be automatically revoked unless the provisional notary meets the requirements for inactive status or submits a new Application from another employer.	

State of Louisiana

Parish of _____

Declaration of Employer and Applicant

Before Me, the undersigned notary public, duly commissioned and qualified in and for the Parish of _____, State of Louisiana,

Personally came and appeared: Employer, _____
(employer name)

_____, having the primary
(mailing address of employer)

business address at which the Applicant will perform notarial duties being, _____

_____, and Applicant,
(primary business address at which notarial duties will be performed)

_____.
(name and mailing address of applicant)

Employer declared to me, notary, that as the Employer of the Applicant, he/she has read and fully understood the Qualifications for Employer of Provisional Notary and Applicant declared that, he/she has read and fully understood the Provisional Notary Qualifications:

Signed before me, this _____ day of _____, 20_____, at _____, Louisiana.

(Employer's Signature)

(Applicant's Signature)

(Notary Public Signature)

(Printed Name)

(Notary ID or Bar Roll Number)