

State of Louisiana Notary Division P.O. Box 94125 Baton Rouge, LA 70804 225-922-0507

Nancy Landry Secretary of State

Notary Education Provider R.S. 35:191.4

Registration Year

(PLEASE TYPE OR PRINT)

Provider Name				
Provider is: (check one)				
🗆 Individual 🛛 Partnershi	p LLC Corporation	State Chartered Education	al Institution	
Provider Mailing Address	3	City	State	Zip
			_	
Instruction Site Physical	Address	City	State	Zip
Instruction Site Physical	Addross	City	State	Zip
		•	Sidle	Ζιρ
(If more than 2 locations, li	st addresses on additional p	age provided)	Provider Email	Address
Brovidor Bonrocontotivo				
Provider Representative:			Provider We	bsite
Full Name	Title	Address		Phone
	# of instructor(s) bolow: ()	All instructors must have	statewide jurisdiction	
Print name and Notary ID				.)
Print name and Notary ID 1.		2.		. <i>)</i>
F				
1. Method of Instruction: (ch		2.		
1. Method of Instruction: (ch	neck all that apply)	2.		
1. <u>Method of Instruction:</u> (ch Classroom Instruction	neck all that apply) Correspondence Instruction	2.		
1. Method of Instruction: (cf.) Classroom Instruction Course Hours:	neck all that apply) Correspondence Instruction	2.	□ Other	

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. *

Notary Education Provider Registration (additional information)

I certify under penalty of criminal prosecution that the information provided herein is true and complete.

(Date)

(Signature of Provider)

If more than 2 locations, list additional addresses below:

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