



Instructions for Filing

Application for/Renewal of Appointment to Office of Notary Public

[Section 42-30.1-15](#) of the General Laws of Rhode Island, 1956, as amended

This legal document should be typed. All illegible documents will be REJECTED.

How to complete the form:

The Rhode Island Office of Notary Public is available to Rhode Island residents, non-residents who conduct business on a regular basis within the State of Rhode Island, and Attorneys and Certified Public Accountants in good standing.

All applicants are required to know the powers and duties of the Rhode Island Office of Notary Public. Prior to submitting the application, applicants should take the [assessment](#) available on our website. Educational materials are available at www.sos.ri.gov/divisions/Notary-Public. Please review RIGL [42-30.1](#); Executive Order [09-08](#); [Standards of Conduct](#) and all accompanying [rules and regulations](#) prior to remitting your application.

Application Information

1. Check the box to indicate if you are applying as a new notary public or renewing your existing notary public commission. If you are renewing your commission, you must list your commission ID number. The ID number can be found by looking up your name in the [Notary Database](#).
2. List your full name. Neither initials alone nor nicknames will be accepted on the application or as part of the signature required on a notarial act.
3. List your complete current residential and business address, telephone number(s) and email address. If you would like your email address to be searchable by the general public, check the box to allow your name and email address to appear in the notary public lookup.
4. Check one box only:
 - If applying as a non-resident you must provide your occupation, name of employer and business address in the State of Rhode Island.
 - If applying as an Attorney, you must provide your Bar Number and a copy of your unexpired membership card to the RI Bar Association. DO NOT provide a copy of your Judicial Identification Card.
 - If applying as a Certified Public Accountant, you must provide your Certificate Number and a copy of your unexpired membership card issued by the RI Board of Accountancy.
5. Sign the application using the signature you will affix to documents as a Rhode Island Notary Public. You may include name suffixes such as Junior, Senior, II, III, IV, or any abbreviation of these designations. An applicant **may not include** prefixes or titles such as "Doctor," "Reverend" or "Esquire" or any abbreviations thereof.

6. Check the box to answer the questions regarding notary misconduct and criminal convictions pursuant to [RIGL § 42-30.1-16](#). If applicable, include a separate sheet of paper with the required information.

Oath of Office

All applicants must appear before a Rhode Island Notary Public to complete the Oath of Office. When completing the Oath of Office, please make sure that:

1. The applicant completes the "Applicant" section of the certificate.
2. The RI Notary Public administering the oath completes the "Notary" section of the certificate.

How to pay the filing fee:

The filing fee for a four year commission is \$80, payable either by mail via check made payable to RI Department of State or in person via cash, credit card, or check at the Business Services Division, 148 W. River Street, Providence, RI 02904.

How to confirm your filing:

You will receive your Notary Commission Certificate in the mail in approximately one week. Your term will expire four years from the date of commission. A renewal notice will be mailed to you at the address listed, so please contact this office if you change your address.

How to maintain your commission:

Visit our website at www.sos.ri.gov/divisions-notary-public for information on keeping your commission active and up to date.



FOR
 SECRETARY OF STATE
 USE ONLY

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→ Filing Fee: \$80.00 (Four year commission)

By remitting this application in accordance with the provisions of RIGL [42-30.1](#), the undersigned applicant is attesting under penalty of false statement that the information contained in this application is true and correct; that they are a United States citizen or permanent legal resident; that they are at least eighteen years of age; that they can speak, read and write the English language; and that they have gained sufficient knowledge of the powers and duties pertaining to the Rhode Island Office of Notary Public.

I. APPLICANT INFORMATION			
1. <input type="checkbox"/> New <input type="checkbox"/> Renewing		Commission ID#: (renewals only)	
2. Name (First, Middle, Last)			
3. Residential Address		City/Town	State
			Zip Code
Business Address		City/Town	State
			Zip Code
Telephone (H)	Telephone (W)	Telephone (C)	
Email address		I would like my name and email address to appear in the notary public lookup. The general public will use this feature to locate notary services.	
4. If applicable, check one box only:			
<input type="checkbox"/> I AM NOT A RHODE ISLAND RESIDENT , but conduct business on a regular basis within Rhode Island.			
Name of Employer:		Occupation:	
Address:	City/Town:	State:	Zip Code:
<p><input type="checkbox"/> I am an Attorney, in good standing, applying as a member of the Rhode Island Bar. I have enclosed a copy of my most recent RI Bar Association membership card. (RI Bar #: _____)</p> <p><input type="checkbox"/> I am a Certified Public Accountant (CPA), in good standing, applying as a certified Rhode Island licensee. I have enclosed a copy of my most recent membership card. (CPA #: _____)</p>			

MAIL TO:
 Division of Business Services/Notary
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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II. NOTARIAL SIGNATURE		
Applicants must use their full first and last name (full middle name or middle initial is optional) or first initial, full middle and last name in their notarial signature. Applicants may not use initials alone or a nickname. To meet the signature requirements outlined in RI notarial law, your official notary public signature may differ from your legal signature.		
The notarial signature I will use throughout my commission is: SIGN DOCUMENT HERE		
		SIGN HERE
III. QUALIFICATION STATEMENTS		
Have you ever been refused a notarial commission, disciplined or had a notarial commission revoked? Yes No If yes, on a separate sheet of paper, please provide the state/jurisdiction where the commission was issued, date and reason for action, and name, if different from the one stated on this application.		
Have you ever been convicted of a crime (excluding expungements and traffic violations)? Yes No If yes, on a separate sheet of paper, please give date, charge, city/town, state, court and disposition of conviction. In addition, please provide a brief summary of your actions and conduct since the conviction which supports your ability to be a notary public.		
IV. OATH OF OFFICE		
<i>The oath of office must be administered by a Rhode Island Notary Public.</i>		
Applicant		
I, _____, do solemnly swear (or affirm) that I will support, protect and defend the constitution of the United States, and the constitution and laws of the State of Rhode Island, and I will discharge the duties of my office of Notary Public for the State of Rhode Island with fidelity so help me God. [or this affirmation I make and give under the penalty of perjury.]		
Type or Print Name of Applicant	Date	
Signature of Applicant		
		SIGN HERE
Notary		
State: RHODE ISLAND	County:	
Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____ (name of applicant), who proved to me through satisfactory evidence of identification to be the person who appeared before me, and to whom I administered the Notary Public Oath of Office.		
Type or Print Name of Notary Public	Commission ID #	Commission Expiration
Signature of Notary Public		
SIGN DOCUMENT HERE		

