



**RON  
Name Change**

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- Notary Rider
- All State Fees
- RON Approval Letter
- Taxes
- S&H Included

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**\$60**

(Normal processing time is approximately 10-15 business days).

**ADDITIONAL NOTARY SUPPLIES**

- Notary Public Journal \$17.00
- Thumbprint Pad \$15.00
- E-Notary Seal \$25.00
- Self-Inking Stamp \$25.00
- Round Self-Inking Stamp \$30.00
- Rectangular Pre-Inked Pocket Stamp \$36.00
- Pocket Embosser Seal \$36.00
- Desk Embosser Seal \$30.00
- Impression Inker for Embosser Seal \$13.00
- Jurat Stamp \$35.00
- Certified Self-Inkint \$35.00
- Notary Supplies Pouch \$10.00
- Name Plate with desk holder 2"x10": Silver  White  Gold  \$35.00

**HO HIDDEN FEES -Total Amount Enclosed \$ \_\_\_\_\_**

**PAYMENT OPTIONS:** CHECK  MONEY ORDER  CREDIT CARD  ACH/CC PAYMENT LINK

I hereby authorize "Aaron Notary Appointment Services, Inc." to charge my VISA/MASTERCARD in the amount of \$\_\_\_\_\_. By signing below, I agree to pay the amount listed above

\_\_\_\_\_  
Name on Credit Card Full Address ( as listed on your statement)

\_\_\_\_\_  
Credit Card Number Expiration Date CVV2 Code

\_\_\_\_\_  
Authorized Signature Email Address for ACH/CREDIT CART Payment Link





## Application Registration for Online Notary Public INSTRUCTIONS

1. Provide your Last Name, First Name, and Middle Name (if applicable).
2. Name for which your notary commission has been issued.
3. Provide your physical Home Address. (P.O. Box is not allowed).
4. Provide Email address and Phone number.
5. Provide your Florida Notary Commission and Expiration Date.
6. Provide your Florida Notary Id.
7. If you are a Civil-Law Notary, you must provide the Florida Bar Number and the Expiration Date.
8. If you are a Commissioner of Deeds, please provide the expiration Date.
9. **IMPORTANT - Please provide the name(s) of the RON service provider that you will use. (Required).**
10. Please notarize the Registration Form by another notary public.

The form is titled "Application Registration for Online Notary Public" and includes the following fields and instructions:

- PERSONAL INFORMATION**
- Full name: (Last) (First) (Middle)
- Name as Commissioned: (Last) (First) (Middle)
- Home Address: (Street) (City) (State) (County) (Zip)
- Email Address: (Email) (Phone Number)
- Florida Notary Commission Number: (Commission Number) (Expiration)
- Florida Notary ID: (ID Number)
- Civil-Law Notary- Florida Bar Number: (Bar Number) (Expiration Date)
- Commissioner of Deeds Expiration date: (Expiration Date)
- I will use the following RON Service Provider in compliance with Florida Law: (RON Service Provider)

The applicant confirms:

- The technology and processes they have chosen for use in performing online notarizations must satisfy the requirements set forth in Ch. 117, Florida Statutes, and Ch. 136-7, Florida Administrative Code.
- They have submitted evidence of obtaining a bond in the amount of \$25,000.
- They have submitted evidence of Errors and Omissions (E&O) insurance policy in the minimum amount of \$25,000.
- They have submitted a copy of their commission or appointment as a Notary Public, Civil-Law Notary, or Commissioner of Deeds.
- They have submitted payment of registration fee of \$30 by check payable to the Florida Department of State.
- They understand that suspension, revocation, expiration, or termination of the applicant's Notary Public commission or appointment as a Civil-Law Notary, or Commissioner of Deeds immediately deactivates an Online Notary Public's registration.
- They have submitted evidence of completing a classroom or online course covering the duties, obligations and technology requirements for serving as online notary public.

Under penalty of perjury, I declare that I have read the foregoing Registration for Online Notary and that the facts stated in it are true.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

I consent, affirm, and subscribe before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

[PLACE NOTARIAL SEAL] Notary Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires: \_\_\_\_\_

### PLEASE NOTE:

- Aaron Notary Appointment Services Inc. offers a complete RON Package, in compliance with Florida Statute Chapter 117.225. (Not to be sold separately)
- Once your registration is approved by the state, we will send you an email notification with important information. (Please make sure to check your spam folder)
- A copy of your approved registration form will be mailed back to you for your records.
- We will provide you with a link where you can verify your name as an Approved Remote Online Notary Public in the State of Florida.

Fla. Stat. § 117.265 (5) An online notary public may change his or her RON service provider or providers from time to time, but shall notify the Department of State of such change within 30 days thereafter.

**Aaron Notary Appointment Services Inc. is not a RON Service Provider.**

**WHITE-OUTS AND CROSS-OUTS ARE NOT ALLOWED ON THE REGISTRATION FORM  
PLEASE PROVIDE YOUR EMAIL ADDRESS (In the event that we need additional information)**



# Application Registration for Online Notary Public

**Mail to:** Florida Department of State, Division of Corporations, ATTN: Notaries PO Box 6327, Tallahassee, FL 32314

**In person or courier service to:** 2415 North Monroe St., Suite 810, Tallahassee FL 32303

## PERSONAL INFORMATION

Full name: \_\_\_\_\_  
(Last) (First) (Middle)

Name as Commissioned: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (County) (Zip)

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Florida Notary Commission Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Florida Notary ID: \_\_\_\_\_

Civil-Law Notary- Florida Bar Number: \_\_\_\_\_ Date appointed: \_\_\_\_\_

Commissioner of Deeds Expiration date: \_\_\_\_\_

I will use the following RON Service Provider in compliance with Florida Law: \_\_\_\_\_

The applicant confirms:

1. The technology and processes they have chosen for use in performing online notarizations must satisfy the requirements set forth in Ch. 117, Florida Statutes, and Ch. 1N-7, Florida Administrative Code.
2. They have submitted evidence of obtaining a bond in the amount of \$25,000.
3. They have submitted evidence of Errors and Omission (E&O) insurance policy in the minimum amount of \$25,000.
4. They have submitted a copy of their commission or appointment as a Notary Public, Civil-Law Notary, or Commissioner of Deeds.
5. They have submitted payment of registration fee of \$10 by check payable to the Florida Department of State.
6. They understand that suspension, revocation, expiration, or termination of the applicant's Notary Public commission or appointment as a Civil-Law Notary, or Commissioner of Deeds immediately deactivates an Online Notary Public's registration.
7. They have submitted evidence of completing a classroom or online course covering the duties, obligations and technology requirements for serving as online notary public.

**Under penalties of perjury**, I declare that I have read the foregoing Registration for Online Notary and that the facts stated in it are true.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to, affirmed, and subscribed before me by means of ( ) physical presence or ( ) online notarization, this \_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

[PLACE NOTARIAL SEAL]

Notary Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Notary Public, State of Florida

My Commission Expires: \_\_\_\_\_

**STATE OF FLORIDA  
BOND OF NOTARY PUBLIC OR  
ONLINE NOTARY PUBLIC**

Secretary of State  
Notary Commissions  
Form: DOC IN-7, R. 1N-7.001, F.A.C, effective 01/2020

**FOR OFFICE USE ONLY**  
Approved by Department of State:

STATE OF FLORIDA

**Bond No.:** \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, That we,

\_\_\_\_\_ as Principal, and  
(Name of Registrant)

( )  
\_\_\_\_\_  
(Imprint Name of Surety Company) (Telephone Number)

as Surety Company, give bond payable to any individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as a Notary Public OR Online Notary Public in the amount of Twenty-Five Thousand Dollars (\$25,000) as assurance for the due discharge of the duties of his/her office of Notary Public OR Online Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally. Liability under this bond is limited to \$7,500 for acts performed in the capacity of a Notary Public pursuant to section 117.01(7)(a), Florida Statutes.

Applicant was, on the date of issuance of commission, bonded as a Notary Public in and for the State of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of Notary Public, as prescribed by law, then this obligation shall be void.

**APPLICANT SIGN HERE** 

\_\_\_\_\_  
(Signature of Registrant)

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(Name of Surety Company)

\_\_\_\_\_  
(Address of Surety Company)

\_\_\_\_\_  
(Name of Bonding Agency or Company)

\_\_\_\_\_  
(Address of Bonding Agency or Company)



By X \_\_\_\_\_  
(Signature of Florida Licensed Agent)

\_\_\_\_\_  
(Florida Licensed Agent Number)

\_\_\_\_\_  
(Printed name of Florida Licensed Agent)

**Section 817.234(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."**

**This bond shall be for Twenty-Five Thousand Dollars (\$25,000).  
After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the registration of online notary public.**



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**ONLINE NOTARY PUBLIC: REQUIRED INFORMATION**

Name: \_\_\_\_\_

Notary Commission: \_\_\_\_\_

Identify in the chart below any Remote Online Notary Service Providers you have used since January 1, 2022, to the date of your submission of this form, to perform remote online notarizations. (Use as many lines as necessary)

<b>Remote Online Notary Service Provider Name</b>	<b>Effective Start Date</b>	<b>Effective End Date (if applicable)</b>



If applicable, identify any secured repositories to which you have delegated your duty to retain your electronic journal pursuant to s. 117.245(4), F.S, since January 1, 2022, to the date of your submission of this form.

Secure Repository Name	Address	Email or Phone Number	Effective Start Date	Effective End Date (if applicable)

Notary signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit your information form to the Division of Corporations by either completing the form online at [online-notary.sunbiz.org](http://online-notary.sunbiz.org) or by submitting a completed copy of this form by email at [NotariesCorpHelp@DOS.MyFlorida.com](mailto:NotariesCorpHelp@DOS.MyFlorida.com). If you have questions, please contact the Notary Section at (850) 245-6975.



## RON NAME CHANGE CHECKLIST

- \_\_\_\_\_ Invoice and payment.
- \_\_\_\_\_ Registration Form – must be notarized.
- \_\_\_\_\_ RON Bond – must be signed.
- \_\_\_\_\_ DC-DOS-50 – must be filled out completely and signed.
- \_\_\_\_\_ Copy of Commission Notary Certificate.
- \_\_\_\_\_ Copy of RON Course Certificate of Completion.

**Keep a copy of your Invoice/Receipt for your records.**

**ALL THE INFORMATION LISTED ABOVE  
MUST BE MAILED TO:**

**Aaron Notary Appointment Services, Inc.**  
**PO Box 693002**  
**Miami, FL 33269-3002**  
**[www.AaronNotary.com](http://www.AaronNotary.com)**

Return forms promptly; failure to do so will delay your notary appointment.

If Aaron Notary Appointment Services, Inc. cannot process your order within 120 days due to lack of information from you, we are no longer obligated to fulfill your order, your payment will be forfeited, and your application form will be discarded.

