

Submit this form and fee
\$5.00

This Space For Office Use Only

STATE OF OREGON
Corporation Division – Notary
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327
503-986-2593
FAX 503-986-2300
FilingInOregon.com/notary

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NOTARY PUBLIC REQUEST FOR CERTIFICATE OF AUTHORIZATION TO OBTAIN OFFICIAL SEAL

PLEASE TYPE OR PRINT LEGIBLY IN **BLACK** OR DARK BLUE INK.

FILING THIS FORM **WILL NOT** EXTEND YOUR COMMISSION EXPIRATION DATE. IT WILL STILL EXPIRE ON THE ORIGINAL DATE.

Notary Commission No:

Commission Expiration:

Notary Commission Name:

Current Address where notary materials should be mailed

Current Business Name & Address:

Current Resident Street Address (If different from mailing address above):

Daytime Phone Number & Extension:

Home Phone Number:

Message Phone Number:

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Please sign before another notary public.

I, _____, do swear affirm that the following statement is true,
to the best of my knowledge:

My original Official Seal or Certificate of Authorization has been lost, damaged, or destroyed, and I need a new Certificate in order to obtain a new official seal. I do not possess the Certificate/Official Seal and do not know who possesses it or where it is located. **(If you need a Certificate for any other reason, please call first.)**

My original Commission Certificate is lost, damaged, or destroyed and I need a new one to display.

On, (date) _____, I request that the Secretary of State issue a new Certificate of Authorization to obtain an Official Seal and/or Commission Certificate. In the event I reacquire possession of my original lost or misplaced

Official Seal Certificate of Authorization Commission Certificate, I will notify the Secretary of State within 10 days.

X

Applicant must sign name exactly as commission is to be issued.

State of _____ County of _____

Subscribed and sworn affirmed before me

By (Printed Name of Applicant)

this _____ day of _____
(day) (month) (year)

X

Notary Public – Oregon (Signature)