

Notary Public Renewal Instructions Hamilton County Residents

Effective January 2014



This application is valid for all Hamilton County and Ohio Residents.
Once commissioned, all Ohio notaries have jurisdiction throughout the state.

The process for renewing a Notary Public Commission:

- Application and **all** forms are mailed to the **Cincinnati Bar Association** with a check for \$60 (made payable to the Cincinnati Bar Association) or Credit Card payments may be made by faxing application forms and arrest record along with credit card information. Your \$60 Notary Renewal Application fee covers the application processing and administration; **including** the \$15 Secretary of States fee.
- After the application is approved by the Judges' Committee on Notary Public, it will be signed by a Judge of the Common Pleas Court and forwarded to the Commission Clerk to the Secretary of State. When your commission is returned, you will be notified by mail to personally appear at the Clerk of Courts, in the county in which you reside.
- Your commission must then be recorded with the Clerk of Courts in the county in which you live before you can notarize any documents. Do not notarize any documents after your present commission expires.

Completing the application process (All Forms sent to CBA)

For speediest processing, ensure that you have the following **4 forms** completed and included with your fee:

1. Application for Notary Public Commission signed and notarized
2. State Form Page 1 - name, address and signature (must be completed by all persons)
3. State Form Page 2 - part II signed and notarized if commission is **expiring within 30 days** (part I is completed by Notary office)
4. Arrest Record – Complete and sign the top section only, up to but not including the Agency Requesting Record

Incomplete renewal applications or applications with missing forms or fees will not be processed

Return Application

Return your stamp order form and all application forms, with payment information, to:

Cincinnati Bar Association
Attn: Notary Administrator
225 E. Sixth St., 2nd Floor
Cincinnati, OH 45202-3209

or fax all forms to (513) 381-0528 or kjjohnson@cincybar.org

Notary Public Renewal Application

Hamilton County, Ohio

Date my commission expires _____ App. No. _____

Name (print in full) _____
FIRST MIDDLE LAST

Residence _____
STREET CITY ZIPCODE COUNTY

How long have you lived at this address? _____ if less than a year, where else have you resided _____

Res. Tel. _____ E-Mail Address _____ Date of Birth _____

With the firm of or employed by _____

Business Address _____
STREET CITY ZIPCODE COUNTY

Type of Business _____

Phone No. _____ Fax No. _____

Has your application ever been rejected? _____ Are you currently a Notary? _____ If so, how long & which county _____

Have you ever been removed from the office of Notary Public? _____ Give particulars _____

Have you ever been convicted or under present indictment, charge, citation for any criminal offense, including DUI/Alcohol/Drugs or the violation of any city ordinance, other than MINOR traffic offense? _____ If so, give particulars _____

Explain fully for what purpose are you now using your Notarial Commission. _____

As a consideration for the certificate of my qualifications to be Notary Public, I hereby represent and agree that as a Notary Public,

- (A) I will perform only such acts as a Notary Public is authorized to do by law.
- (B) I will not charge or accept an amount exceeding the legal fees for such services.
- (C) I will not draw, prepare, or draft for other persons, any legal papers such as deeds, notes, wills, mortgages, chattel mortgages, contracts, partnership agreements, and articles of incorporation, options, and leases, contracts for purchase or sale of real estate, escrow instruments, releases, mechanics liens, affidavits, bulk sales affidavits, or bills of sale.
- (D) I will not certify an affidavit of a person without administering the oath (or affirmation) to such person and then having him/her sign in my presence.
- (E) I will not certify the acknowledgment of any document in the absence of the person so acknowledging his/her signature.
- (F) I will not perform any notarial act after the date of expiration of my commission.
- (G) I will not notarize a document in which I have a financial or business interest.
- (H) I will not perform any notarial act without first obtaining satisfactory evidence of identification.

The section below must be signed and notarized:

The Commission will be issued in accordance with the signature below.

State of Ohio }
Hamilton County } ss

The undersigned, who is an applicant for renewal of the office of Notary Public, having been first duly sworn, says that each and every statement contained in the foregoing application is true.

Signature of Applicant

Subscribed and sworn to before me by the applicant herein, this _____ day of _____ 20____

Notary Public

My Commission expires _____



Notary Commission Clerk
Ohio Secretary of State
Tel. 614-644-4559

For the Information of Applicants

SOS 2001 (03/2009)

NOTARY PUBLIC
(Non-Attorney Only)
Application for the Appointment of
(Please print or type)

Name: _____

Name: _____

(Necessary only if name was different on previous commission)

Residence Address (Required):

Street: _____

City: _____ Zip: _____

County: _____ Contact #: _____

Mailing Address (if different):

Street: _____

City: _____ Zip: _____

County: _____ Contact #: _____

Written Signature (do not print):

X _____

Expiration of present (or former) Commission:

Date: _____, 20_____

County: _____

1. Section 147.02(B) of the Revised Code provides that, with respect to the certificate appearing on the reverse of this page, no judge or justice shall issue such a certificate until he or she is satisfied from personal knowledge that the applicant possesses the qualifications necessary to properly discharge the duties of the office of notary public, or until the applicant has passed an examination under such rules and regulations as the judge may prescribe. Because the practice varies among counties, it is recommended that an applicant for commission as a notary public begin by inquiring of the bar association of his/her county or the clerk of common pleas court as to the procedure required by the common pleas court in his/her county.
2. A notary public whose term of office has expired before application for reappointment is made and who, knowing that the term has expired, has performed any notarial act after such expiration, is ineligible for reappointment. Therefore, an applicant who has held a commission, and who does not apply until after its expiration, must make and subscribe the affidavit on the back of this page before reappointment.
3. Fill in the blanks on front of this application with your full name and residence address, including county. If the address is faulty or omitted, the commission cannot reach you.
4. R.C. 147.05 provides that, before entering upon the duties of the office, a notary public shall leave his/her commission (with the oath endorsed thereon) with the clerk of court of common pleas of the county in which the notary public resides. The clerk will record and index the commission.
5. R.C. 147.377 requires each person receiving a commission as notary public, including new, renewal and attorney commissions, to pay a fee of fifteen dollars (\$15.00) to the Secretary of State. Please send check or money order payable to "SOS/Notary Commission"

Powers and duties of a notary public are set forth in sections 147.01-147.371, inclusive, of the Ohio Revised Code.

OFFICE USE ONLY

Commissioned _____

For five years

Commencing _____

PART I: TO BE COMPLETED BY ALL APPLICANTS (NEW OR RENEWAL)

This certificate must be made by a justice of the Ohio Supreme Court, judge of an Ohio court of appeals, or judge of an Ohio court of common pleas. (Currently, justices of the supreme court decline to sign such certificates.)

The STATE OF OHIO, HAMILTON COUNTY, ss:

It is hereby certified that _____, an applicant for appointment to the office of NOTARY PUBLIC for the STATE OF OHIO is of good moral character, that he/she is at least 18 years of age, a resident of _____ County, State of Ohio; and that he/she possesses sufficient qualifications and ability to properly discharge the duties of the office of notary public.

(Draw a line through whichever of the following statements does *not* apply.)

- ~~- I am satisfied from my personal knowledge that the applicant possesses the qualifications necessary to properly discharge the office.~~
- The applicant has passed an examination for the office under rules and regulations prescribed by the Court of which I am judge.

Date: _____, 20_____, _____ Judge of the

Court of Appeals of the _____ District

Court of Common Pleas of _____ County

PART II: AFFIDAVIT – TO BE COMPLETED ONLY BY A NOTARY PUBLIC WHOSE OHIO COMMISSION HAS EXPIRED.

(See item #2 on reverse side of this form.)

If the following affidavit is made before an officer having a seal, such officer must impress such seal below.

The STATE OF OHIO, _____ COUNTY, ss:

_____, an applicant for appointment to the office of NOTARY PUBLIC for the STATE OF OHIO, and whose term of office under his/her last appointment as a NOTARY PUBLIC expired _____, _____, being duly sworn, says that he/she has not, knowing that said term has expired, performed any notarial act since expiration of his/her term, and that he/she will not perform any such act until reappointed and duly qualified.

(Signature of Applicant)

Sworn to and subscribed in my presence, this _____ day of _____, 20_____.

Notary Public or Clerk of the Court of Common Pleas

Hamilton County Sheriff Office
Personal Information Release Form

Print Clearly

Name: _____
Address: _____
Date of Birth: _____
Soc. Sec. No.: _____
Sex: M _____ F _____ Race: _____

I, the undersigned authorize the Hamilton County Sheriff Office to release information regarding any Traffic or Criminal convictions that I have on file. If it is necessary to verify this Authorization, I can be contacted at telephone number _____. This Authorization is void if not exercised by the person or organization named on the reverse side of this form within (1) one year from the date signed. I hereby agree to indemnify the County of Hamilton and the Hamilton County Sheriff and his representatives for any liability arising out of the improper use of the information provided.

Signature: _____ Date: _____

Form ID Hes 2-90

Certification of Purpose

I, the undersigned, certify that the information applied for will be used only for the purpose for which it is requested and agree that this information will immediately be destroyed after use or if retained, not released outside my agency.

Type of Record Check:

Criminal: _____
Traffic: _____
Criminal and Traffic: _____

Information Requested By:

Company Name/Agency: _____
Date: _____
Contact Person: _____
Address: _____
Phone No: _____

FOR SHERIFF OFFICE USE ONLY:

Operator: _____ Date: _____
Record: _____ No Record: _____

Notary Public Order Form



Cincinnati Bar
ASSOCIATION

Section 1

Applications and Name Change

Today I am filing:




- New Application Date of Test _____\$65
- Renewal Application Current Expiration Date _____\$60
- Attorney Application \$60
- Stamp Order Only \$0

Section 1 total (no sales tax on applications) \$ _____

Section 2

Supply Orders

In order to notarize any document, you will need a state seal along with your printed name and expiration date.

 <p>A. Rubber Name Stamp \$15.50 Rubber stamp with your name and commission expiration date</p>	 <p>F. Self-Inking Name and State Seal Stamp \$50.00 Self-inking stamp (includes your name, commission expiration date, and State of Ohio seal)</p>
 <p>B. Self-Inking Name Stamp \$32.50 Self-inking stamp with your name and commission expiration date.</p>	 <p>G. Pre-Ink Name Stamp \$42.50 Pre-inked, slim pocket stamp (includes your name and commission expiration date).</p>
 <p>C. Rubber State Seal Stamp \$17.50 Rubber stamp with the State of Ohio seal.</p>	 <p>H. Pre-Ink Name Stamp & Seal \$49.50 Pre-inked, slim pocket stamp (includes your name, commission expiration date, and State of Ohio seal).</p>
 <p>D. Self-Inking State Seal Stamp \$31.50 Self-inking stamp with the State of Ohio seal.</p>	 <p>I. State Seal Embosser \$29.50 Crimps a raised seal on paper of the State of Ohio.</p>
 <p>E. Rubber Name Stamp & Seal Embosser \$42.50 Hand embosser (crimps a raised seal on the paper) and rubber stamp (includes your name and commission expiration date).</p>	 <p>J. Replacement Ink Pad \$5.50 Replacement Pad for stamps B & F</p>  <p>K. Notary Journal \$7.00 8.5 x 11 formatted notebook for record keeping.</p>

ORDER INFORMATION

(Shipping included on all stamp orders)

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> A. \$15.50 | <input type="checkbox"/> G. \$42.50 |
| <input type="checkbox"/> B. \$32.50 | <input type="checkbox"/> H. \$49.50 |
| <input type="checkbox"/> C. \$17.50 | <input type="checkbox"/> I. \$29.50 |
| <input type="checkbox"/> D. \$31.50 | <input type="checkbox"/> J. \$5.50 |
| <input type="checkbox"/> E. \$42.50 | <input type="checkbox"/> K. \$7.00 |
| <input type="checkbox"/> F. \$50.00 | |

Stamp/Seal Subtotal: \$ _____

Add County Sales Tax*: \$ _____

- 6.50% Butler, Lorain, Stark, Wayne
- 6.75% Clermont, Warren
- 7.00% Hamilton
- 7.25% Adams, Brown, Clark, Clinton, Highland, Lucas, Montgomery, Ross
- 7.50% Franklin
- 8.00% Cuyahoga

Section 2 Total: \$ _____

* If tax-exempt, please attach a signed Tax Exempt Certificate, required by law. Also provide your **Tax Exempt ID:** _____

If ordering a stamp, print full name as it appears on your commission certificate or Secretary of State form:

<p>Please mail stamps/seals to:</p> <p>Name _____</p> <p>Company _____</p> <p>Address _____</p> <p>City _____ Zip _____</p> <p>Phone _____</p> <p>Please include all application materials and mail to:</p> <p style="text-align: center;">Cincinnati Bar Association Attn: Notary Administrator 225 E. Sixth St., 2nd floor Cincinnati, Ohio 45202-3209.</p> <p><i>Questions about what to order? Please call Karen Johnson at (513) 699-1405.</i></p>	<p>Total Payment (sections 1+2) \$ _____</p> <p><input type="checkbox"/> My check or money order, payable to the Cincinnati Bar Association, is enclosed. Check No. _____</p> <p><input type="checkbox"/> Please charge my credit card \$ _____</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Am. Express</p> <p>Card Number _____</p> <p>Expiration Date _____ Security Code _____</p> <p>Billing Zip Code _____</p> <p>Cardholder Signature _____</p>
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