This form is designed to be filled out online for your convenience. Complete the necessary information, print, sign and mail.

Print Reset

State of Missouri

John R. Ashcroft, Secretary of State

Commissions
PO Box 784, Jefferson City, MO 65102
Toll-Free (866) 223-6535 or (573) 751-2783

(Non-Resident Notaries Only)

Application for Amended Commission as a Notary Public
Change of Employer County

(Application fee $5)

Print or Type

1. Name _____ Date of Birth (MM/DD/YYYY) _____
   (This name must appear as it is signed in #7)

2. Home Address _____

   City _____ State _____ Zip Code _____

3. New Employer _____

   Address _____

   City _____ State _____ Zip Code _____

4. Daytime Phone Number _____

5. Missouri Commission Number _____

6. **CHANGE IN EMPLOYER COUNTY** (For **Non-Resident** Notaries **ONLY)**

I hereby request the Secretary of State to issue an amended notary public commission changing my county of employment from _____ County, Missouri, to _____ County Missouri, where I am presently employed, effective on the _____ day of _____.

_____

7. **Signature and Email Address of Applicant** **(This signature must appear as it is typed or written in #1)**

PAYMENT

☐ $5 Check or Money Order Enclosed (Payable to Director of Revenue)

*Credit Card: ☐ Master Card ☐ Visa ☐ Discover ☐ American Express
*($1.25 convenience fee will apply)

NAME AS IT APPEARS ON CREDIT CARD _____

EXPIRATION DATE _____ CARD NUMBER (16 Digits) _____

SIGNATURE _____

Amended Application Instructions
Employer County Change (Non-resident Notaries Only)

1. **Name** - You should print or type your name as you want it to appear on your commission certificate. You are required by law to use your full last name, while initials may be used for first and middle names.

   Date of Birth - Please provide your birth date in numerals: month/day/year. This is to confirm that applicants are at least eighteen years of age.

2. **Residence Address** - Please provide the address at which you reside. If your mail goes to a post office box, please include a street address after the PO Box number. Also give the city, state and zip code.

3. **New Employe**r - Indicate new employer's name and address.

4. **Daytime Phone** - You are requested to provide a phone number where we can reach you BETWEEN THE HOURS OF 8:00 a.m. and 5:00 p.m., should we need to verify information given on the application in order to prevent the delay of returning the form to you for verification.

5. **Missouri Commission Number** - Please provide your commission number if you were commissioned after August 28, 2004.

6. **Change in Employer County**

   Enter the name and address of your new employer. Also include the new county and the effective date of employment.

7. **Signature** - Complete the form by adding your signature in the same name style you indicated in # 1 on the application.

Please include your $5 application fee.

Please include your previous notary certificate. You will receive a new certificate with your new information.