

# Employer Approval for Alaska Limited Governmental Notary Commission

The Lieutenant Governor may commission Limited Governmental Notaries Public, who are State, municipal or federal employees authorized to use the notary seal for official government business. The term of a Limited Governmental Notary Public commission coincides with the term of government employment.

**1. Applicant Information and statement**

Applicant's Printed Full Name \_\_\_\_\_

I understand that as a Limited Governmental Notary Public I am only allowed to perform notarial services for the official governmental business of my employer for a term that expires with the termination of my employment with this employer.

Applicant's Signature \_\_\_\_\_

Date

**2. Name of Employer** UNIVERSITY OF ALASKA \_\_\_\_\_

Employer is (check one):  State Government  Municipal Government  Federal Government

**3. Applicant's Department and Section** \_\_\_\_\_

**4. Name and physical work address (No P.O. Boxes) of the individual who is authorizing issuance of this commission**

Tim Edwards, Chief Risk Officer \_\_\_\_\_

System Office or Risk Services \_\_\_\_\_

1815 Bragaw Street, Suite 206 \_\_\_\_\_

Anchorage, AK 99508-3438 \_\_\_\_\_

**5. Contact information for the individual who is authorizing issuance of this commission**

Email tmedwards202@alaska.edu \_\_\_\_\_

Telephone 907-786-1140 \_\_\_\_\_

Cell Phone \_\_\_\_\_

Fax: 907-786-1412 \_\_\_\_\_

**6. Statement of Official Purpose**

This commission is needed for the purpose of conducting official government business.

\_\_\_\_\_  
**Signature of the individual who is authorizing issuance of this commission**

# Alaska Notary Commission Application

1. \_\_\_\_\_  
Print your name exactly as you will sign your notarizations, and as it will appear on your notary seal and commission certificate
  
2. \_\_\_\_\_  
Print your full name (First, Middle, Last)
  
3. Information about your most recent Alaska notary commission (if applicable)  
Name (if different than what you entered in #1/2 above) \_\_\_\_\_  
Prior Commission Number \_\_\_\_\_  
Prior Commission Expiration Date \_\_\_\_\_
  
4. \_\_\_\_\_  
Name of the city where you will perform most of your notarizations
  
5. Applicant's Personal Contact Information:  
Email \_\_\_\_\_  Please send a commission expiration reminder!  
Telephone \_\_\_\_\_  
CellPhone \_\_\_\_\_  
Fax \_\_\_\_\_
  
6. Applicant's Publicly Available Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Applicant's Residence Address (No P.O. Boxes):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. \_\_\_\_\_  
Applicant's Employer/Business Name
  
9. \_\_\_\_\_  
Employer/Business phone number at the location where you work
  
10. \_\_\_\_\_  
Employer/Business complete physical address at the location where you work (No P.O. Boxes)

**11. To be commissioned as a notary public, a person**

- Shall be at least 18 years of age.
- Shall reside legally in the United States.
- May not, within 10 years before the commission takes effect, have been convicted of a felony or incarcerated in a correctional facility for a felony conviction.
- May not, within 10 years before the commission takes effect have had a notary public commission revoked for failure to comply with notary law or for incompetence or malfeasance in carrying out the duties of notary public.
- Shall have established residency in this state by being physically present in the state with the intent to remain indefinitely and by maintaining a place of abode in the state.

**12. Oath**

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of Alaska and that I will faithfully discharge my duties as notary public to the best of my ability. The information provided on this application form is truthful and accurate and I meet all of the requirements to be commissioned an Alaska Notary Public. I acknowledge that I am personally liable for every notarial act that I perform.

\_\_\_\_\_  
**Applicant's Notarized Signature**

Subscribed and sworn (or affirmed) to before me by \_\_\_\_\_ this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public's Signature**

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

# **Alaska Notary Commission Application Form Instructions**

1. State law requires consistency between the name on your notary commission certificate, notary seal and how you sign your notarizations. Please print the version of your name that you will actually sign when performing your notarizations on this line. This will be the name that is printed on your commission certificate and notary seal and will be how you must sign all notarizations you perform during the entire term of this commission (e.g. S. Clark)
2. Please enter your full legal name (e.g. Steve M. Clark or Albert James Clark.)
3. If your current commission is about to expire and you are submitting an application for a new commission early to avoid any gaps in between the two commissions this information can be helpful, especially if your name on the current/prior commission is different than on this application.
4. Please indicate the name of the city where you actually perform the majority of your notarizations. We use this information to determine the level of notarial service available in each community and to help the public locate notaries in the field.
5. Please provide your personal and direct contact information. This information will only be used to contact you regarding any problems with your application and for other official business. It will not be available to the public.
6. State law requires you to provide a publicly available mailing address. This address will be freely available to anyone that requests it and will be used to send you commission materials and any correspondence from our office. It is available to notary supply vendors, other notary organizations and to the general public. Use any valid mailing address you wish and please remember to update this information with us when it changes.
7. State law also requires you to provide your actual residence address. This information remains confidential and will not be available to the public.
8. Please print your employer's official business name.
9. Please print your employer's business contact phone number.
10. Please provide the complete physical address of the location where you work. Do not use a central corporate address, only the address where you will be working.

11. Please carefully read the qualifications for obtaining a notary commission in Alaska. If you have ever had a notary commission denied, suspended or revoked in any jurisdiction in any country please contact the notary office for further instruction before submitting your application.
  
12. This oath must be administered to you by a notary public and your signature on the oath must be notarized. Before you take the oath please familiarize yourself with Alaska's notary statutes that were updated on July 1, 2005. The notary statutes can be accessed on the notary web site ( <http://ltgov.alaska.gov/notaries-public/> ). Please contact the notary office at 465-3509 or by email at [notary@alaska.gov](mailto:notary@alaska.gov) for assistance or with any questions.