

New \_\_\_\_\_ Renewal \_\_\_\_\_

Amount: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Date Filed: \_\_\_\_\_

**NOTARY PUBLIC APPLICATION  
CLAIBORNE COUNTY**

*ANSWER EVERY QUESTION. PLEASE PRINT OR TYPE*

Date of Application: \_\_\_\_\_

Full Name (as you want it to appear on your notary commission):

\_\_\_\_\_  
First Middle(or Initial) Last

Residence Address: \_\_\_\_\_  
Street Address (NO PO Box)

\_\_\_\_\_  
City State Zip

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Principal Business Address: \_\_\_\_\_  
Street Address (NO PO Box)

\_\_\_\_\_  
City State Zip

Phone (home/cell): \_\_\_\_\_ (business): \_\_\_\_\_

For **RENEWAL** applications, give the expiration date of your current commission:

\_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS YES OR NO.**

1. Have you ever been convicted of offering or giving a bribe, larceny, or any other offense declared infamous by law? \_\_\_\_\_
2. If the answer to question 1 was YES, has your citizenship been restored?  
\_\_\_\_\_

3. Is there an unpaid judgment against you for money received in an official capacity and due to the United States, to Tennessee or any Tennessee county, or are you a defaulter to the treasury? \_\_\_\_\_
4. Are you a soldier, seaman, marine, or airman in the regular Army, Navy, Marines or Air Force of the United States, a member of the United States Congress, or a person holding any office of profit or trust under any foreign power, other state or the United States? \_\_\_\_\_
5. Have you ever been removed from office as a notary public for official misconduct? \_\_\_\_\_
6. Have you ever had a notarial commission revoked or suspended by this or any other state? \_\_\_\_\_
7. Have you ever been found by a court of this state or any other state to have engaged in the unauthorized practice of law? \_\_\_\_\_
8. Is there any other reason that you are legally disqualified from holding the office of a notary public? \_\_\_\_\_
9. Are you a United States citizen or legal permanent resident? \_\_\_\_\_

**I DO SWEAR OR AFFIRM UNDER PENALTIES OF PERJURY THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Signature of Applicant

**STATE OF TENNESSEE  
COUNTY OF CLAIBORNE**

Personally appeared before me, \_\_\_\_\_,  
with whom I am personally acquainted, and who acknowledged that he/she  
executed the within instrument for the purposes therein contained.

Witness this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
County Clerk / Notary Public

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