NOTARY CLASS REGISTRATION FORM

Person to Attend Notary Training Class

First Name: _____ Last Name: _____

Home Mailing Address:

_____ _____ _____ _____

Street or P.O. Box | City | State | Zip Code

Daytime Phone: _____ Mother's Maiden Name: _____

(please include area code)

E-mail Address: _____ Date of Birth: _____

Notary Training Class Requested

Date: _____ Time: _____

Class Location: _____

******Verify class availability before submitting this registration form.******

THERE IS A $45.00 FEE

Payment for class must accompany this registration form.

Method of payment attached: ☐ Check ☐ Credit Card Checklist Form

Class registration forms received without appropriate funds will be rejected.

ATTENTION:

* If you do not attend your reserved class, your payment is forfeited.
* **Confirmation letters or a photo ID *MUST*** be presented at the door or you will be asked to pay at the time of class. Refunds will be issued for duplicate payment.
* If you have not received your confirmation notice, you may verify your registration *36 hours before the scheduled class by emailing the Notary Division at nvnotary@sos.nv.gov*
* Once you are registered for a class there is a $10.00 fee to switch to another class. Transfers to another class ***must*** be completed no later than 7 working days before the registered class.
* Any and all changes ***must*** be submitted more than 7 working days before the date of the registered class. *No refunds can be issued if the request is received after the 7 working day deadline.*

Remit to: Secretary of State, Notary Training
101 N. Carson Street, Suite 3
Carson City, NV 89701-3714

Phone: (775) 684-5708
Fax: (775) 684-7141

Reset