



BARBARA K. CEGAVSKE
 Secretary of State
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 Carson City, Nevada 89701-3714
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 Website: www.nvsos.gov

**Request for Amended
 Certificate of
 Appointment or
 E-Notary Registration**

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Notary as currently on file:

2. Notary Number: 3. Appointment Expiration Date:

4. Date of Birth: (mm/dd/yyyy) 5. Mother's Maiden Name:

AMENDED CERTIFICATE REQUEST (Check all that apply)

Filing Fee \$10.00

Name Change Signature Change

Mailing Address Change Place of Employment Change

County Change - New County:

Lost/Stolen Notary Stamp (attach copy of police report) Duplicate Certificate Requested

Daytime Telephone Change: (Include Area Code) Work Home Cell

Reinstatement of Appointment pursuant to NRS 240.033 Subsection 5 (attach filing notice issued by county clerk)

E-NOTARY REGISTRATION ADMENDENT

Lost/Stolen/Damaged Electronic Signature or Seal (You must also **immediately** inform your eNotary Solution Provider)

Technology Provider Email

6. Legal Name of Applicant:

First Middle Last Suffix

7. Mailing Address in Nevada:

Nevada

Street Address or P.O. Box City Zip Code

8. Employer Information

Business Name: Telephone: (Include Area Code)

Street Address or P.O. Box City Zip Code

The signature you use on this amendment form will become the only signature on file with the notary division of the Nevada Secretary of State's office used for verification when requested to authenticate any future notary acts. You must use your legal last name and your original signature. Use this signature on all notarial acts.

I enclose the payment in the amount of \$10.00 payable to the Secretary of State. I declare under penalty of perjury that information provided on this form is true and correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

SIGN **X**

Applicant Signature

Print name