



STATE OF NEW MEXICO
RISK MANAGEMENT DIVISION
LOSS PREVENTION AND CONTROL BUREAU

NOTARY PUBLIC SURETY BOND REQUEST

New Applicant **Renewal**

Notary Applicant's Name as it appears on their most recently issue, unexpired State ID

Notary Applicant's Title:

State Department or Educational Institution:

Address to mail bond to:

Commission Exp. Date:

Current Commission #:

Printed Supervisor's Name:

Supervisor's Title:

Supervisor's Telephone Number:

Supervisor's Signature : _____

Date (MM/DD/YYYY) _____