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: _____

THERE IS A $45.00 FEE

Payment for class must accompany this registration form.

Method of payment attached: ☐ Check

Class registration forms received without appropriate funds will be rejected.

ATTENTION:

* If you do not attend your reserved class, your payment is forfeited.

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