



Application Number: _____

For Office Use Only _____

APPLICATION FOR NOTARY BOND

Applicant (For partnership, give full names of partners and trade names) Please print or type				Social Security #	Age	Married Single
Residence Address (Street and Number) (City) (State) (Zip) (Telephone #)						
Business Address (Street and Number) (City) (State) (Zip) (Telephone #)						
Occupation or business	How long so engaged?	Previous Surety	Yes	No	If yes, give name and reason for change.	
Type of Bond	Amount of Bond		Effective Date			
Complete name and address of Obligee						

Bond Amount Term Premium

Copy of Commission Required (If applicable)

Agency **SOUTH COAST SURETY**
Address 1100 Via Callejon Suite A
San Clemente, CA 92673

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www.southcoastsurety.com