



THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR

1105 King Street
Christiansted, Virgin Islands 00820
Phone - 340.773.6449
Fax - 340.773.0330

5049 Kongens Gade
Charlotte Amalie, Virgin Islands 00802
Phone - 340.774.2991
Fax - 340.774.6953

NOTARY PUBLIC COMMISSION APPLICATION
INSTRUCTIONS
FOR NEW APPLICANTS

THE PROCESS FOR ADMISSION AS A NOTARY PUBLIC FOR THE UNITED STATES VIRGIN ISLANDS
IS DONE IN THREE (3) PHASES:

PHASE I - ELIGIBILITY

THIS NOTARY PUBLIC COMMISSION FORM IS TO BE TURNED WITH THE FOLLOWING DOCUMENT ATTACHED:

	AFFIDAVIT – Fully completed, signed and notarized.
	CRIMINAL RECORD REPORT – This report should cover all three U.S. Virgin Islands.
	CHARACTER REFERENCE LETTERS – Two letters of character reference complete with the email and return addresses and daytime contact number of the authors.
	PROOF OF CITIZENSHIP w/PHOTO – Passport, Voters Identification or Birth Certificate and Photo
	CERTIFICATE OF GOOD STANDING FROM THE SUPERIOR COURT OF THE VIRGIN ISLANDS – Must be submitted for Attorneys Only.

PHASE 2 – APPROVAL OF BOND

After your application has been reviewed and you have been deemed eligible for an appointment as a Notary Public, you **MUST** submit the Commission Fee of \$100.00, payable to the Government of the Virgin Islands. A Notary Bond, with a face value of \$5,000.00, must also be submitted from an insurance or bonding company authorized to do business in the Virgin Islands OR you may choose to submit a Surety Bond from two (2) resident sureties, who are owners of real property within the Virgin Islands, with a value of \$10,000.00 over and above encumbrances thereon. All owners of each property must sign both the Bond and Justification of Surety. The Bond and Affidavit will go to the Supreme Court for approval by the Presiding Judge.

I HAVE SUBMITTED THE FOLLOWING:

	COMMISSION FEE of \$100.00 payable to the Government of the Virgin Islands. <i>ONLY checks and money orders will be accepted at the Kongens Gade (Government Hill) location on St. Thomas</i>
	NOTARY BOND (check one) _____ Insurance Bond in my application name, signed and witnessed, with Power of Attorney attached; OR _____ Surety Bond with two (2) Justifications of Surety. The location and value of the property is stated in the surety documents before the sureties' signatures.
	CERTIFICATION – Completed by a Notary Public notarizing my signature on the Bond (Insurance Bonds ONLY)



PHASE 3 – ISSUANCE OF COMMISSION

When the Bond is returned "APPROVED" by the Supreme Court, a Notary Public Commission will be issued, in your application name, with the effective and expiration dates, and your Notary Public number (NP-NNN-YY). The law governing Notary Public in the U.S. Virgin Islands will be included in your packet. You are responsible for reading the law and making yourself familiar with its provisions and your duties as a Notary Public, and obtaining the proper Notary Seal.

I HAVE SUBMITTED THE FOLLOWING DOCUMENTS TO COMPLETE MY NOTARY PUBLIC COMMISSION FORM –

	NOTARY'S OATH – Signed and notarized.
	IMPRINT OF NOTARY SEAL - Information captured on seal must include – ____ Name as it appears on Notary Commission documents ____ The words "NOTARY PUBLIC" ____ Commission Expires (MM/DD/YYYY) ____ Judicial District – (STT/STJ, USVI) or (STX, USVI)

SPECIAL NOTE:

THE SIGNATURES ON THE APPLICATION, AFFIDAVIT, CERTIFICATION AND BOND AND OATH SHOULD BE THE SAME.





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NOTARY PUBLIC COMMISSION APPLICATION
NEW APPLICANT

PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY. LEAVE NO BLANKS.

DATE _____

NAME _____
LEGAL LAST NAME LEGAL FIRST NAME MIDDLE INITIAL

MAILING ADDRESS _____
POB OR STREET ADDRESS (IF YOU RECEIVE MAIL AT A PHYSICAL ADDRESS), CITY, STATE, ZIP

RESIDENTIAL ADDRESS _____
STREET ADDRESS, CITY, STATE, ZIP

HOW LONG AT THIS RESIDENTIAL ADDRESS _____

CONTACT NUMBERS _____
HOME CELLULAR

EMAIL ADDRESS _____

EMPLOYER _____

OCCUPATION _____

ADDRESS _____

TELEPHONE NUMBER _____



PLEASE MARK AND X IN THE APPROPRIATE BOX WHEN RESPONDING TO THE FOLLOWING QUESTIONS –

YES	NO	
		Are you 21 years of age or older?
		Are you a resident of the United States Virgin Islands? If yes, how long?
		Did you graduate from high school <u>OR</u> have you completed the GED Program? Please provide name of high school - _____ Please provide city and state - _____
		Have you ever been convicted of or pled guilty to any crime in the United States Virgin Islands, any other U.S. jurisdiction or any other country? Please attach criminal report.
		If you are an Attorney, have you attached a Good Standing Certificate from the Supreme Court? Please check this box ☐ if not applicable.
		Have you ever been issued commission as a Notary Public in the Virgin Islands? If yes, please indicate the date your commission expired or will expire - _____. Please provide name under which you were previously commissioned, if different from name listed on this application - _____.
		Have you ever been refused a commission, had a commission revoked or been subjected to an administrative penalty as a Notary Public? If yes, attach a separate letter indicating the Country, State, reason and date.

SIGNATURE OF APPLICANT



AFFIDAVIT

TERRITORY OF THE VIRGIN ISLANDS)
)
DISTRICT OF ST. _____)

I, _____, residing at _____
_____, being duly sworn, depose and state:

1. I am a citizen of the United States and a resident of the Virgin Islands.
2. I have resided in the Virgin Islands for the past _____ years.
3. I am over 21 years of age.
4. _____ I am a graduate of an accredited High School; OR
_____ I have passed the High School Equivalency Test (GED).
5. I have never been convicted of any crime either within or outside of the Virgin Islands.
6. I will continue to reside in the Virgin Islands during the term of my commission.

This Affidavit is made for the purpose of having issued to me a Notary Public Commission for the Virgin Islands.

Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

SEAL

Notary Public

My Commission Expires: _____

Notary Number: _____



GOVERNMENT OF THE VIRGIN ISLANDS OFFICE OF THE LIEUTENANT GOVERNOR

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK

Pursuant to 3 V.I.C. Section 772(4), to qualify as a Notary Public in the United States Virgin Islands, a person shall not have been convicted of any crime either within or outside of the Territory. The following information is needed to conduct a NCIC background check of all persons seeking to be appointed or reappointed to be a Notary Public.

I HEREBY GIVE MY PERMISSION FOR THE GOVERNMENT OF THE VIRGIN ISLANDS, OFFICE OF THE LIEUTENANT GOVERNOR, TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCIES, MAY INCLUDE ARREST AND CONVICTION DATA. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART, TO DETERMINE MY ELIGIBILITY TO BE A NOTARY PUBLIC IN THE UNITED STATES VIRGIN ISLANDS. I ALSO UNDERSTAND THAT AS LONG AS I REMAIN A NOTARY PUBLIC, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME FOR CAUSE RELATED TO MY APPOINTMENT.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTOR AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND HOLD THE GOVERNMENT OF THE VIRGIN ISLANDS, OFFICE OF THE LIEUTENANT GOVERNOR AND EMPLOYEES AND AGENTS HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COST, DEBTS AND SUM OF MONEY, CLAIMS AND DEMANDS WHATSOEVER, AND ANY AND ALL RELATED ATTORNEY FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A NOTARY PUBLIC.

APPLICANT SIGNATURE

DATE

PLEASE PRINT THE INFORMATION LEGIBLY:

1. BIRTH NAME

LAST

FIRST

M.I.

MAIDEN NAME (OR ANY OTHER NAMES USED): _____

2. PHYSICAL ADDRESS: _____

3. DATE OF BIRTH: _____

4. SOCIAL SECURITY NUMBER: _____

5. DRIVERS LICENSE NUMBER: _____

