



CHECK ONE: **New Course Approval - \$700**
 Course Revision / Course Reapproval - \$200

PRINT OR TYPE CLEARLY. FILL OUT APPLICATION COMPLETELY.
 Use "none" or "N/A" if applicable.

For Official Use Only

Name of Company or Organization			
State of Incorporation/Organization		PA Business Registration Number	
Mailing Address of Company Headquarters		City	State
Zip Code			
Name and Title of Principal Contact Person			
Mailing Address of Principal Contact Person		City	State
Zip Code			
Principal Contact Person Phone Number	Principal Contact Person Email		Principal Contact Person Fax
Name of notary education course			
Type of course (check one): <input type="checkbox"/> Basic Education Course <input type="checkbox"/> Continuing Education Course		How course offered (check at least one): <input type="checkbox"/> Classroom instruction <input type="checkbox"/> Correspondence course <input type="checkbox"/> Online <input type="checkbox"/> Other _____	
Checklist for submission: <input type="checkbox"/> Completed and signed application <input type="checkbox"/> Lesson Plan (see 4 Pa. Code § 167.93) <input type="checkbox"/> Fee (make check or money order payable to "Commonwealth of Pennsylvania")			

I certify that the information provided in this application, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or document made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and may result in the denial of approval for this notary public education course or the termination of any certificate of approval issued for this course.

 Signature of Principal/Duly Authorized Representative

 Date

 Printed Name of Principal/Duly Authorized Representative

 Title of Principal/Duly Authorized Representative