Form 11NP001 Revised 7/2021

Michael Watson
SECRETARY OF STATE

APPLICATION FOR NOTARY PUBLIC COMMISSION

- ***Please type or print in ink. Name will appear on certificate as it is entered on this Form.***
- ***This form is designed to be completed and printed from your computer. You cannot save the form on your computer unless you have the appropriate software. Fields marked with an asterisk (*) are required. Return completed Application and the $25.00 fee to the Secretary of State, Business Services Division, P.O. Box 136, Jackson, MS 39205-0136. If you do not submit your bond within (60) sixty days, your application will be in lapse status and applicant will have to start the notary process again.***

This is a ☒ **New** ☐ **Current Commission** (Check only one) **Expiration Date:** (Current Commission) **Notary ID#:**_____

Legal Name of Applicant: *Joshua Howard McFarland

Commission Name of Applicant:* Joshua H. McFarland

Applicant's name will appear on notary commission exactly as entered for "Commission Name of Applicant" above. Full last name required. Initial allowed only for the first or middle name. Allowed: suffixes (Jr., Sr., II, III, etc.). Not allowed: full or abbreviated titles such as "Doctor," "Reverend," "Esquire," or similar. This form must be signed on the signature line below, exactly as Commission Name of Applicant reads above. Must be handwritten and legible; if signature is not legible, print name immediately adjacent to signature.

1. Date of Birth:* 04/14/1995 Govt. Identification #:* 802160908 (Driver's License or Non-Driver MS ID) County of Residence:* Madison

2. Street Address:* 150 Porter Ridge Dr. City:* Canton MS Zip Code:* 39046

   ☐Check here if you would like this address published on the Notary Website.

3. Optional Mailing Address: _____ City: _____ State:___ Zip:_____

   ☐Check here if you would like this address published on the Notary Website.

4. Telephone:* 6015002614 Email:* Joshua72.jm@gmail.com PIN:* 6788 (Any 4 digits such as last 4 of SSN)

   Your commission will be emailed to you. No physical copy will be mailed.

Business/Employer Information: This information will be published on the Notary Website. If you do not provide this information, your personal residential or mailing address will be listed on the Notary Website.

5. Business Name:* Madison County Detention Center Telephone:* 6018550789
6. Street Address:* 2935 Hwy 51 City:* Canton Zip:* 39046
7. Mailing Address: _____ City: _____ Zip: _____

Under penalty of perjury, I hereby certify that: I have read the instructions and the Notary Public Regulations and understand the qualifications for appointment to the Office of Notary Public; I am at least 18 years of age and I have never been convicted of a felony in this State or other state-nation and am not presently incarcerated or on parole; I have never had a denial, revocation, suspension, restriction, or resignation of a notarial commission in this State or any other state or nation; I can read and write the English language; I am a Citizen or other permanent legal resident of the United States; and I reside at the physical residential address provided on this application.

I swear or affirm that the above information is true and correct. Joshua Howard McFarland (Signature of Applicant)

Sworn to and subscribed before me this 12 day of May, 2022.

State of Mississippi
County of: Madison

Notary Public Gratiana Handy

My Commission Expires: 7/6/2024

STATE OF MISSISSIPPI NOTARY PUBLIC ID#116377 SEAL GRATIANA HANDY Commission Expires: July 6, 2024 MADISON COUNTY