



DELBERT HOSEMANN
Secretary of State
Post Office Box 136
Jackson, MS 39205-0136

Form 11NP001

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 with 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 Expiration Date: _____ Notary ID#: _____
(Check only one) (Current Commission)

Name(s) of Applicant: * Gina Walker

Email Address* gina.walker@madison-co.com

1. Street Address:* _____ City:* Madison MS Zip Code:* 39110

2. Optional Mailing Address: _____ City:* Madison MS Zip:* 39110

3. Telephone: Home:* 601-720-2500 Fax: 601-859-5875 Email: gina.walker@madison-co.com

Other Required Information:

4. Date of Birth:* 01-05-1972 MS Driver's License # * _____ PIN:* _____
(or Non-Driver MS ID #) (Any 4 digits such as last 4 of SSN)

5. County of Residence:* Madison

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 Website.

6. Business Name: Madison County Board of Supervisors Telephone: 601-855-5500

7. Street Address:* P.O. Box 608 City: * Canton Zip:* 39046

8. Mailing Address: 146 West Center Street City: Canton Zip:* 39046

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 disqualifying felony; I can read and write the English language; I am a Citizen or other legal resident of the United States; and I have been a legal resident for more than thirty (30) days in the State of Mississippi and reside at the physical residential address provided on this application.

I swear or affirm that the above information is true and correct. Gina Walker
(Signature of Applicant)

Sworn to and subscribed before me this 13th day of February, 2015.

State of Mississippi
County of: Madison

Notary Public Stacey D. Toten

My Commission Expires: 8/18/2018

