



**OFFICE OF THE SECRETARY OF
AMERICAN SAMOA
AMERICAN SAMOA GOVERNMENT**
Telephone: (684) 633-6727
secretaryofamericansamoa@go.as.gov

ASG Form – Notary Application
Form SAS # 001-2021

APPLICANT NAME:				
FOR OFFICE USE ONLY				
Eligibility Checklist			YES	NO
1.	Completed Application		<input type="checkbox"/>	<input type="checkbox"/>
2.	Fingerprint (if Applicant already has fingerprint card on file, not required to resubmit)		<input type="checkbox"/>	<input type="checkbox"/>
3.	Court Clearance		<input type="checkbox"/>	<input type="checkbox"/>
4.	Photo ID		<input type="checkbox"/>	<input type="checkbox"/>
5.	Processing Fee - \$100.00 (non-refundable)		<input type="checkbox"/>	<input type="checkbox"/>
6.	Bond - \$500.00 (refundable)		<input type="checkbox"/>	<input type="checkbox"/>
7.	Commission No.:			
8.	Term:			
APPROVED BY:				

REQUIRED DOCUMENTS				
DOCUMENT CHECKLIST			YES	NO
1.	Certificate to show successful completion of course instruction		<input type="checkbox"/>	<input type="checkbox"/>
2.	Notarized applicant declaration		<input type="checkbox"/>	<input type="checkbox"/>
3.	Fingerprints (from DPS for new Applicants)		<input type="checkbox"/>	<input type="checkbox"/>
4.	Court clearance		<input type="checkbox"/>	<input type="checkbox"/>

APPLICATION PROCESS				
Application Process Checklist			YES	NO
1.	Attend and pass a notary class approved by the Secretary of American Samoa.		<input type="checkbox"/>	<input type="checkbox"/>
2.	Submit application with a receipt from the American Samoa Treasury for the \$100.00 fee.		<input type="checkbox"/>	<input type="checkbox"/>
3.	Post refundable \$500 bond with Secretary of American Samoa		<input type="checkbox"/>	<input type="checkbox"/>
4.	If approved, a commission document will be issued		<input type="checkbox"/>	<input type="checkbox"/>
5.	Certificate of Authorization to Purchase a Notary Seal stating commission serial number		<input type="checkbox"/>	<input type="checkbox"/>
6.	Obtain Notary Seal from approved provider (not included in processing fee)		<input type="checkbox"/>	<input type="checkbox"/>

Section 1. Applicant Information and Attestation					
Last Name	First Name (Given Name)	Middle Initial	Maiden Initial	Other Last Names Used (if any)	
Address:	P.O. Box/Address	Village	Name of Employer		
Date of Birth	Social Security #	Applicant Ph#	Applicant Email Address		
I am aware that false or misleading statements, omissions, information, or use of false documents for this form will result in the denial of your application.					
I attest under penalty of perjury that I am (check one of the following boxes):					
<input type="checkbox"/>	A U.S. Citizen				
<input type="checkbox"/>	A U.S. National				
<input type="checkbox"/>	A lawful permanent resident of American Samoa				
<input type="checkbox"/>	A foreign national authorized to work in American Samoa	OFFICE USE ONLY			
ALIEN REGISTRATION # IF APPLICABLE					
AR# -					
COUNTRY OF ORIGIN OR CITIZENSHIP IF APPLICABLE					
CHECK APPROPRIATE BOX				YES	NO
1.	Can you read and write English?			<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have any criminal convictions in American Samoa or any other State, Federal, or International jurisdiction?			<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have outstanding court fees, fines, judicial motions, etc...?			<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have any claims pending or disposed against a notary bond or any civil findings or admissions of fault or liability regarding your activities as a notary in American Samoa or any other State, Federal, or International jurisdiction?			<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever had a notarial commission, professional license, or public officers in this or any other territory, state, or nation that has been denied, revoked, suspended, restricted, or that you resigned.			<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes to any of the aforementioned questions, please explain here:					
You may attach additional sheets if necessary.					

List any notarial commissions, professional licenses, or public offices that you have held in this or any other territory, state, or international jurisdiction

You may attach additional sheets if necessary.

APPLICANT ATTESTATION AND DECLARATION

I, _____, do solemnly swear or affirm under penalty of perjury that the personal information in this application is true, complete, and correct; that I understand the official duties and responsibilities of a notary public in the Territory of American Samoa, as explained in the course of instruction I have taken; and that I will perform, to the best of my ability, all notarial acts in accordance with the law.

Signature of Applicant

NOTARY ACKNOWLEDGEMENT

TERRITORY OF AMERICAN SAMOA

COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned notary personally appeared _____, who is

- personally known to me;
- proved to me through identification documents allowed by law, which were _____; proved to me on oath or affirmation of _____, who is personally known to me and stated to me that (he) (she) personally knows the document signer and is unaffected by the document;

proved to me on oath or affirmation of _____ and
_____, whose identities have been proved to me through documents
allowed by law and who have stated to me that they personally know the document signer and are unaffected by
the documents, to be the person who signed the preceding or attached document in my presence and who swore
or affirmed to me that the contents of the document are truthful and accurate to be the best of his or her knowledge
and belief.

Official Signature and Seal of Notary Public