



**DELAWARE NOTARY PUBLIC
EMPLOYER APPROVAL FORM**

If an existing Limited Governmental Notary Public transfers to another qualifying agency, the Notary may retain the commission only upon request and approval of the agency to which the Notary transfers ("receiving agency"). This form must be completed by an authorized person of the receiving agency.

PLEASE PRINT OR TYPE

AGENCY/ORGANIZATION INFORMATION

Please select type of agency/organization

State of Delaware Agency Delaware State Police Delaware Police Agency (local, county or municipal)

Receiving Agency Name: _____
Address _____
City _____ State _____ Zip _____ Telephone _____

Please indicate the name and email address of the authorized person at the above agency requesting/approving the transfer of a Limited Governmental Notary Public commission under this category

Name _____
Email address _____

NOTARY INFORMATION

Please indicate the name of the Limited Governmental Notary Public to whom this form applies:

Name of Notary _____ Birthdate: _____
(First/Middle /Last) *(Month/Day/Year)*

By signing below, I hereby certify that I am requesting/approving the named Limited Governmental Notary Public retain his/her commission to use on behalf of the above-named qualifying agency.

Pursuant to 29 Del. C. Chapter 43, §4307(f), any person knowingly or willfully making any false or fraudulent statement or misrepresentation in this document shall be guilty of perjury. By signing below, I hereby certify the information contained in this application is true and correct.

Signature of Authorized Person

Date