

State of MaineOffice of the Secretary of State

OFFICE USE ONLY

Application for Provider of Technology for Electronic or Remote Notarization

The applicant must complete this entire	application and all questions must be answered completely.	
Please select the type of application:	itial Application Annual Renewal	
Please select the type of notarization for which	you are seeking approval: (select one or both)	
☐ Electronic Notarization Approval ☐ Remote Notarization Approval		
Legal Name of Applicant:		
(Type or print name)		
Name of the current version of your electronic o	r remote notarization solution:	
Address of applicant:	Name of Authorized Representative for the Applicant:	
Physical location (street, city/town, state, and zip co	•	
	(Type or print name)	
	Contact E-mail address:	
Mailing Address (if different)	Public Contact Telephone: ()	
	Website URL for the applicant:	
List all jurisdictions in which the applicant that the applicant received the most recent applicant.	s technology has been approved for use and the month and year proval in each jurisdiction:	

2. If the applicant has received any complaints, official warnings, or has been the subject of any disciplinary actions taken by any jurisdiction, please provide detailed information related to each complaint, warning or action:
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3. If there are any pending, threatened or adjudicated legal actions against the applicant relating in any way to the performance of electronic or remote notarial acts using the provider's technology in any jurisdiction, please provide detailed information related to each action:
4. The applicant certifies that the applicant's technology is designed to ensure that notarial acts performed by notarial officers comply with each of the following requirements of 4 M.R.S. chapter 39 and the <i>Rules Governing Notaries Public, Notarial Officers, Notarial Acts and the Procedures for Electronic and Remote Notarization.</i> Check each requirement that applies and use the space below each requirement to describe how the applicant's technology complies with the requirement.
☐ Restricts access to the provider's technology only to notarial officers whose written notice to the Secretary of State of their intent to perform electronic notarization has been accepted. Compliance description:
☐ Requires a password or other secure means of authentication to access the provider's technology. Compliance description:

□ Requires a notarial officer to present a valid Maine notary commission or other evidence of the notarial officer's qualification to perform notarial acts prior to receiving an authorized digital or electronic stamp and signature. Compliance description:
☐ Includes a method to ensure that a notarial officer enrolled to use the technology has been trained and has the requisite knowledge to use it to perform notarial acts in compliance with 4 M.R.S. chapter 39 and this rule. Compliance description:
□ Enables a notarial officer to retain their authorized digital or electronic signature under the notarial officer's sole control and to affix their electronic signature in a manner that attributes the signature to the notarial officer, is capable of independent verification, and is tamper-evident. Compliance description:
☐ Uses tamper-evident technology sufficient to ensure that the electronic signature on an electronic record is authentic. Compliance description:
☐ Enables a notarial officer to attach or logically associate a certificate of notarial act to the electronic record in a
tamper-evident manner. Compliance description:

I certify that the information contained in this application is true and correct. I understand that a false or misleading statement or omission of material fact on this application its grounds for denial of this application or non-renewal, suspension, termination, or revocation of any approval.

I	further	certify	that:

	I have read the notary public laws set forth in 4 M.R.S. Chapter 39 and the Secretary of State's Ru Governing Notaries Public, Notarial Officers, Notarial Acts and the Procedures for Electronic and Remo				
	Notarization, Chapter 700.				
	The applicant is currently registered to do business in the State of Maine and is in good standing with the Secretary of State.				
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	☐ The applicant will give written notice to the Secretary of State of a possible security breach no later than				
	days after the date on which the provider determined that the security breach occurred.				
	The signer of this application has the knowledge of the provider's technology and has the authority to bit the applicant.				
Signat	ture of Authorized Representative for the Applicant:				
	Date:				
	(Signature)				
	(Printed Name)				

Please remit your payment made payable to the Treasurer, State of Maine and submit this application to:

Secretary of State Division of Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101 Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Notaries@Maine.gov

Application Fee: \$250.00