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Corporation Division
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151 Salem, OR 97310-1327
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Notary Public Education Provider Form

In accordance with ORS 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

PLEASE TYPE OR PRINT CLEARLY AND LEGIBLY IN **BLACK** OR DARK BLUE INK.

1) CHECK THE TYPE OF EDUCATION PROVIDER YOU ARE APPLYING FOR:

☐ LIVE SEMINAR ☐ TUTORIAL

FOR THE EDUCATION PROVIDER APPLICATION – You must include a 3 hour lesson plan & all other materials that apply to this course.

(A Separate Application Is Required For Each)

For Office Use Only

Date Received: _____/_____/_____

Approval Date: _____/_____/_____

Disapproval Date: _____/_____/_____

Provider ID: _____

2) AMENDMENTS, RENEWALS AND CANCELLATIONS: (EXISTING PROVIDERS)

- ☐ **AMENDMENT TO APPROVED EDUCATION PROVIDER APPLICATION** - Complete only the information to be amended.
- ☐ **AMENDMENT TO APPROVED LESSON PLAN** - Include only revisions to the lesson plan.
- ☐ **EDUCATION PROVIDER RENEWAL** - Provide any new information and include lesson plan.
- ☐ **CANCELLATION OF CERTIFICATE OF APPROVAL** - Include provider name.

3) NAME OF PROVIDER: _____

4) OREGON BUSINESS REGISTRATION NUMBER: _____

5) PROVIDER MAILING ADDRESS:

STREET: _____ PO Box: _____

CITY: _____ STATE: _____ ZIP CODE: _____

6) PHONE NUMBER(S):

OFFICE/PERSONAL NUMBER: _____ FAX NUMBER: _____

7) PROVIDER INTERNET INFORMATION

WEBSITE URL: _____

EMAIL ADDRESS: _____

8) PROVIDER AUTHORIZATION:

SIGNATURE OF AUTHORIZED PERSON

DATE

TYPE OR PRINT NAME

POSITION OR TITLE OF AUTHORIZED PERSON

DAYTIME PHONE NUMBER

EMAIL

Notary Public Education Provider Instructions

In accordance with ORS 192.410-192.490, the information on this form is public record. If requested, we must release this information to any inquiring parties.

- 1) Education Provider Type:
You must check one of the following boxes:
Live Seminar or Online Tutorial (A separate application is required for each)
- 2) Amendments, renewals and cancellations:
Mark the appropriate box:
Amendment to Approved Education Provider Application, Amendment to Approved Lesson Plan, Education Provider Renewal or Cancellation of Certificate of Approval.
- 3) Name of Provider:
Indicate the name of your company or the individual.
- 4) Oregon Business Registration Number:
(If company name is registered in Oregon)
- 5) Provider Mailing Address:
Indicate your mailing address; street/PO box, city, state and zip code.
- 6) Phone Number(s):
Indicate office/personal number and fax number.
- 7) Provider Internet Information:
Indicate Website URL (optional) and **Email address** (required).
- 8) Provider Authorization:
Please complete and sign this section.