WEST VIRGINIA ELECTRONIC SIGNATURE VERIFICATION AUTHORIZATION
Form N-2
Rev. 7/2021

West Virginia Secretary of State
Licensing Division
Tel: (304)558-8000
Fax: (304)558-8381
Website: www.wvsos.gov
Email: notary@wvsos.gov

FILE ONE ORIGINAL
(Two if you want a filed stamped copy returned to you.)

NO FEE

For Office Use Only
Notary ID#: _____

Effective **July 1, 2014**, the West Virginia Legislature enacted **electronic notary legislation** pursuant to West Virginia Code **§39-4,** allowing electronic notarization to be applied to a document so that the document can be fully processed electronically. **Physical presence of a person whose signature is being notarized is still required by law.** Before performing electronic notarial acts, a notary public must register, or in the case of a recommission, reregister the capability to notarize electronically with the Secretary of State with this application.

Note: Applicant must be currently registered as an active West Virginia Notary and have the capability to notarize electronically before requesting authorization to perform Electronic Notarizations, Remote Online Notarizations or Remote Ink Notarizations.

APPLICANT INFORMATION (*Please **type or print in ink.*** Name must be the same as you are currently commissioned with.)

_____ _____ _____
First Name Last Name Middle Name or Initial (**only** if commissioned w/ it)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone (w/ Area Code): _____ Business Phone (w/ Area Code): _____

Notary Public Commission Expiration Date: _____

Notary Public's E-mail Address: _____

Select the type of electronic signature verification services that are to be provided: (Select one or more options)

☐ E-Notary

☐ Remote Online Notarization

☐ Remote Ink Notarization: Platforms using (list all): _____

VENDOR INFORMATION (only needed if using RON/E-Notarization)

Name of Vendor providing electronic seal: _____

Vendor Address: _____ _____ _____
City State Zip Code

Vendor Telephone Number (w/ Area Code): _____

1. Vendor description of technology used for electronic signature verification, and if applicable certificate and seal: _____

_____.

2. Vendor description of any revocations, annulments or premature terminations due to your misuse or compromise of the device:

_____.

********** APPLICATION CONTINUED ON PAGE 2 **********

3. Date applicant entered into agreement with vendor providing e-notary service*: _____

***Note**: **This is the date you and the vendor entered into agreement to use their E-Notarization service. If and when your agreement with the vendor ends, you must secure a new vendor and submit a new e-notarization application through the Secretary of State's Office before performing electronic notarial acts.**

AFFIDAVIT OF APPLICANT

I, {printed name of applicant}, solemnly swear or affirm, under penalty of perjury, that the answers to all questions in this application are true, complete, and correct; that I have carefully read the notary public law of West Virginia. I understand that any falsifications may result in denial of approval of requested authorization.

APPLICANT SIGN HERE ⟶ **X**_____ **DATE** _____

****** SIGNATURE REQUIRED **** Sign your name on the line above exactly as you entered it in the "APPLICANT INFORMATION" section on page 1.**

INSTRUCTONS FOR FILING THE APPLICATION FOR ELECTRONIC SIGNATURE AUTHORIZATION (N-2)

***** IMPORTANT *** YOU MUST READ AND UNDERSTAND THE NOTARY LAW AS IT PERTAINS TO ELECTRONIC NOTARIAL ACTS (E-NOTARIZATION) as set forth in §39-4-2 and §39-4-19 of the West Virginia Code. CAREFULLY FOLLOW THE STEPS OUTLINED BELOW.**

YOU ARE NOT AUTHORIZED TO PERFORM ELECTRONIC NOTARIAL ACTS (AS WELL AS REMOTE ONLINE NOTARY and REMOTE INK NOTARIZATION) UNTIL THIS AUTHORIZATION APPLICATION IS FILED WITH THE SECRETARY OF STATE AND YOU HAVE RECEIVED THE SECRETARY OF STATE LETTER OF AUTHORIZATION APPROVING YOUR REGISTRATION. If you have questions or need further assistance completing the application, please call the Notary division at **(304) 558-8000 or toll free at (866) 767-8683.**

APPLICANT INFORMATION (*Please **type or print in ink.*** Name must be the same as you are currently commissioned with.)

- To obtain the authorization to perform electronic notarizations, you must complete the application for Electronic Signature Verification
  Authorization (Form N-2) approval. **Note: Applicant must be currently registered as an active West Virginia Notary and**
- **have the capability to notarize electronically before requesting authorization to perform electronic notarizations.**
  All the information in this section must be completed in its entirety.

VENDOR INFORMATION

- Enter all vendor information as required in this section for the type of signature verification in which is intended for use. "Vendor" refers to the vendor providing your electronic notary seal, or technology to communicate.
- **FOR E-NOTARY ONLY - Date applicant entered into agreement with vendor providing e-notary service**
  Enter the date you and the vendor entered into agreement to use their E-Notary service. If and when your agreement with the vendor ends, you must secure a new vendor and submit a new Electronic Signature Verification(N-2) application through the Secretary of State's Office **before** performing electronic **notarial acts.**

AFFIDAVIT OF APPLICANT

The applicant must sign the affirmation in the space provided in the presence of the qualified person administering the oath exactly as the applicant entered her/his name in the "APPLICANT INFORMATION" section of the application.

SUBMIT COMPLETED APPLICATION WITH PAYMENT

1. Follow the **FILING SUBMISSION INSTRUCTIONS** attached to this application to submit the above items for processing.
2. Complete the attached **CUSTOMER ORDER REQUEST** form. Choose standard processing or expedited service. See form for details.
3. **NO FILING FEE (unless choosing expedited service).**

*** * * * NOTICE * * * ***

Upon acceptance and processing of this application, you will receive an E-Notarization Authorization letter of approval from the Office of the Secretary of State authorizing you to perform electronic notarizations.

West Virginia Secretary of State
Business & Licensing Division
Tel: (304) 558-8000
Fax: (304) 558-8381
Website: www.wvsos.gov

Rev. 9/2018

Filing Submission Instructions - Notary Division

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.
Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site www.wvsos.gov.

SUBMIT THE COMPLETED APPLICATION WITH THE CUSTOMER ORDER REQUEST FORM TO ONE OF THE OFFICES BELOW. CHOOSE EXPEDITED OR STANDARD PROCESSING SERVICE. IF NOT USING THE CUSTOMER ORDER REQUEST FORM AND YOU ARE REQUESTING EXPEDITED SERVICE, YOU MUST INCLUDE THE WORD "EXPEDITE" AND THE LEVEL OF EXPEDITED SERVICE BEING REQUESTED (24-HOUR, 2-HOUR OR 1-HOUR) IN YOUR CORRESPONDENCE. BE SURE TO INCLUDE THE CORRECT ADDITIONAL EXPEDITED FEE. THIS FEE IS IN ADDITION TO THE REGULAR FILING FEE (*SEE FEES BELOW*).

CHOOSE ONE OF THE FOLLOWING PROCESSING SERVICES:

1 EXPEDITED SERVICE (**24-hour**, **2-hour** and **1-hour**; *Requires standard filing fee plus additional expedite fee, *see below*)

Expedite Service	*Fee
24-Hour	$ 25.00
2-Hour	$250.00
1-Hour	$500.00

EXPEDITED SERVICE requests may be submitted by:
- **E-mail to notary@wvsos.gov**
- **Mail**
- **Fax**
- **Walk in delivery**

2 STANDARD PROCESSING (**5-10 business days**)

Standard filing fees apply.

STANDARD PROCESSING requests may be submitted by:
- **E-mail to notary@wvsos.gov**
- **Mail**
- **Fax**
- **Walk in delivery (drop off service only filed within 5-10 business days)**

INCLUDE PAYMENT:
Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the e-Payment Authorization form with your filing. Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.

SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

Charleston Office
West Virginia Secretary of State
State Capitol Building
1900 Kanawha Blvd. East
Bldg. 1, Ste. 157-K
Charleston, WV 25305
Phone: (304) 558-8000
Fax: (304) 558-8381
Hours: Mon. - Fri. 8:30a - 5:00p EST

Clarksburg Office
North Central WV Business Center
200 West Main Street
Clarksburg, WV 26301
Phone: (304) 367-2775
Fax: (304) 627-2243
Hours: Mon. -Fri. 9:00a - 5:00p EST

Martinsburg Office
Eastern Panhandle Business Center
229 E. Martin Street
Martinsburg, WV 25401
Phone: (304) 356-2654
Fax: (304) 260-4360
Hours: Mon. - Fri. 9:00a - 5:00p EST

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Rev. 9/2018

Customer Order Request - Notary

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

READ CAREFULLY BEFORE SUBMITTING - Expedite service is NOT AVAILABLE for the following filings:

>> **Tax Department filings including Sole Proprietorships, General Partnerships, and Associations**
>> **Dissolution or Withdrawal of Corporation, Voluntary Association or Business Trust**

Order Processing Requested*: * * * Expedite Processing Requires Additional Fees * * *

☐ **Standard** Processing**
(Avg. processing turnaround **5-10 business days**)
Email to: notary@wvsos.gov

☐ **24-HOUR** Expedite***
(additional **$25.00** fee included)

☐ **2-HOUR** Expedite
(additional **$250.00** fee included)

☐ **1-HOUR** Expedite
(additional **$500.00** fee included)

Email to: notary@wvsos.gov

*"Processing" indicates the filing will be completed and registered in the Secretary of State registration database.
****Standard Processing** applications received by **E-MAIL** or **FAX must include the e-Payment Authorization form with credit card information.**
*****NOTE: Orders filed in person through any Secretary of State office location requesting the filing be processed will be assessed a 24-HOUR Expedite fee of $25.00 per order.**

Name of Entity: _____

Return filing to:
(Return Address) _____

Contact Name: _____ Phone: _____

Return Delivery Options: Email or Fax options do not receive a copy via mail; must be ordered separately.

☐ Email to: _____ ☐ Fax to: _____

☐ Hold for Pick Up ☐ Mail to Return Address above ☐ FedEx: Acct # _____

☐ Other (explain below): ☐ UPS: Acct # _____

Order Description (include items being ordered and fee breakdown):

*** PLEASE NOTE:** Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge.

Total Amount:

Payment Method:

☐ **Check/Money Order**
☐ **Cash** (*Do Not mail cash*)
☐ **Credit Card** (*Must attach* **e-Payment Authorization** *request form including payment information.*)
☐ **Pre-paid Acct #:** _____ **Attach signed pre-paid slip.**

MAC WARNER
Secretary of State
State Capitol Building
Charleston, WV 25305
Phone: (304) 558-6000
Website: www.sos.wv.gov

24-hour, 2-hour and 1-hour Expedite Service Guidelines

IMPORTANT: To ensure expedited service, please mark "EXPEDITE" in a conspicuous place at the top of the service request. Please indicate method of delivery.

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most business organization filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. You must mark the document with your "**24-HOUR EXPEDITE"** request. If using a cover letter, note that you are requesting 24-hour expedited service, and include your telephone number and return information. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling is $25.00 in addition to the usual fee for service. Please consult our fee schedules for the appropriate fee. If you require assistance, please contact this office.

Time Constraints: Under most circumstances, each filing submitted receives same day filing date and may be picked up in the office by the end of the same business day. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in acceptable fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional $250.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional $500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.

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Rev. 11/2017

e-Payment Authorization

USE BLACK INK ONLY - DO NOT HIGHLIGHT

This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.

Service Type: ☐ Fax ☐ E-mail ☐ Mail

Payment by Card *(card holder name and billing address required below)*

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Credit Card Number: V Code*

* 3-digit number on back of VISA, MasterCard and Discover cards.
4-digit number on front right side of American Express card.

NOTICE: *For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.*

Credit Card Expiration Date: Month: Year:

Amount to Charge Card: USD $

Order Information *(required)*

Entity Name:

Card Holder Information:

Name as it appears on the account

Billing Address

City State Zip Code

Telephone Ext.

Payment Information Storage Authorization *(optional)*

I authorize the Secretary of State to store this payment information for future payment transactions processed by Secretary of State:

X _____ Date

Authorized Signature

Payment Authorization *(required)*

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

X _____ Date

Authorized Signature

Reset Form

Not to Exceed Amount: USD $