



THE UNITED STATES VIRGIN ISLANDS  
OFFICE OF THE LIEUTENANT GOVERNOR

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Christiansted, Virgin Islands 00820  
Phone - 340.773.6449  
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5049 Kongens Gade  
Charlotte Amalie, Virgin Islands 00802  
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# NOTARY PUBLIC COMMISSION RENEWAL INSTRUCTIONS

THE PROCESS FOR RENEWING A NOTARY PUBLIC COMMISSION FOR THE UNITED STATES VIRGIN ISLANDS IS DONE IN TWO (2) PHASES

## PHASE 1

### SUBMITTAL OF DOCUMENTS AND APPROVAL OF BOND

You MUST submit the Commission renewal fee of \$75.00, plus any outstanding annual fees, payable to THE GOVERNMENT OF THE VIRGIN ISLANDS. A Notary Bond must also be submitted with a face value of \$5,000.00, from an insurance or bonding company authorized to do business in the United States Virgin Islands OR you may choose to submit a Surety Bond from two (2) resident sureties who are owners, within the Virgin Islands, of real property with a value of \$10,000.00 over and above encumbrances thereon. All owners of each property must sign both the Bond and Justification of Surety. The Bond and Affidavit will go to the Supreme Court for approval by the Presiding Judge.

	<b>COMMISSION RENEWAL FEE</b> - \$75 payable to the Government of the Virgin Islands. <i>ONLY checks and money orders will be accepted at the Kongens Gade (Government Hill) location on St. Thomas</i>
	<b>NOTARY BOND</b> (check one) <input type="checkbox"/> Insurance Bond in my application name, signed and witnessed, with Power of Attorney attached; OR <input type="checkbox"/> Surety Bond with two (2) Justifications of Surety. The location and value of the property is stated in the surety documents before the sureties' signatures.
	<b>CERTIFICATION</b> – completed by a Notary Public notarizing my signature on the Bond. <i>(bonds from insurance companies only)</i>
	<b>AFFIDAVIT</b> – Fully completed, signed and notarized.
	<b>CRIMINAL RECORD REPORT</b> – covering all three (3) U.S. Virgin Islands.
	<b>CHARACTER REFERENCE LETTERS</b> – Two letters of character reference complete with the return address and daytime contact number of the authors.
	<b>PROOF OF CITIZENSHIP w/PHOTO</b> – Passport, Voters Identification, Birth Certificate and Photo Identification.
	<b>CERTIFICATE OF GOOD STANDING FROM THE SUPERIOR COURT OF THE VIRGIN ISLANDS</b> – For Attorneys Only.



## PHASE 2

### ISSUANCE OF COMMISSION

When the Bond is returned "APPROVED" by the Supreme Court, a Notary Public Commission will be issued in your

application name with the effective and expiration dates, and your Notary Public number (NP-NNN-YY). The law governing Notary Public in the U.S. Virgin Islands will be included in your packet. You are responsible for reading the law and making yourself familiar with its provisions and your duties as a Notary Public, and obtaining the proper Notary Seal.

I HAVE SUBMITTED THE FOLLOWING DOCUMENTS TO COMPLETE MY NOTARY PUBLIC COMMISSION FORM –

	<b>NOTARY'S OATH</b> – Signed and notarized.
	<b>IMPRINT OF NOTARY SEAL</b> - Information captured on seal must include – ____ Name as it appears on Notary Commission documents ____ The words "NOTARY PUBLIC" ____ Commission Expires (MM/DD/YYYY) ____ Judicial District – (STT/STJ, USVI) or (STX, USVI)

THE SIGNATURES ON THE APPLICATION, AFFIDAVIT, BOND AND OATH SHOULD BE THE SAME.





**PLEASE MARK AND X IN THE APPROPRIATE BOX WHEN RESPONDING TO THE FOLLOWING QUESTIONS –**

YES	NO	
		Have you ever been convicted of or pled guilty to any crime in the United States Virgin Islands, any other U.S. jurisdiction or any other country? Please attach criminal report.
		If you are an Attorney, have you attached a Good Standing Certificate from the Superior Court? Please check this box <input type="checkbox"/> if not applicable.
		Have you ever been refused a commission, had a commission revoked or been subjected to an administrative penalty as a Notary Public? If yes, attach a separate letter indicating the Country, State, reason and date.

\_\_\_\_\_  
SIGNATURE OF APPLICANT



# NOTARY BOND

KNOW ALL MEN BY THESE PRESENT, that I, \_\_\_\_\_ of St. \_\_\_\_\_, Virgin Islands of the United States, as Principal; and

(Surety No. 1) \_\_\_\_\_ (Co-Surety No. 1) \_\_\_\_\_

(Surety No. 2) \_\_\_\_\_ (Co-Surety No. 2) \_\_\_\_\_

All of St. \_\_\_\_\_, Virgin Islands of the United States, as Sureties, are held and firmly bound onto the Government of the Virgin Islands of the United States, in the sum TEN THOUSAND DOLLAR (\$10,000.00), in accordance with 3 V.I. Code Sec. 773 (b), for the payment whereof well and truly to be made, we bind ourselves, our heirs, executors and administrator, jointly and severally, firmly by these presents.

WITNESS OUR NAMES AND SEAL THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_,

THE CONDITION OF THE ABOVE OBLIGATION is such that whereas the said \_\_\_\_\_ has applied to the Lieutenant Governor of the Virgin Islands for a commission as a notary public in and or the Territory of the Virgin Islands, (District of St. \_\_\_\_\_), if the said \_\_\_\_\_ shall well and faithfully perform duties of said notary public according to law, and shall in general do and perform all other acts which may at any time be required of him/her by law, then this obligation to be void; otherwise to remain in full force and effect pursuant to 3 V.I. Code Chapter 29.

## WITNESSES

_____	_____
_____	PRINCIPAL
_____	(SURETY No. 1)
_____	(Co-SURETY No. 1)
_____	(SURETY No. 2)
_____	(Co-SURETY No. 2)

TERRITORY OF THE VIRGIN ISLANDS  
JUDICIAL DISTRICT OF \_\_\_\_\_ SS:

I, \_\_\_\_\_, a notary public in and for the Territory of the Virgin Islands, District of St. \_\_\_\_\_, DO HEREBY CERTIFY that \_\_\_\_\_ as Principal, and

(Surety No. 1) \_\_\_\_\_ (Co-Surety No. 1) \_\_\_\_\_

(Surety No. 2) \_\_\_\_\_ (Co-Surety No. 2) \_\_\_\_\_

As Sureties, who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in persona, and acknowledged that they signed, sealed and delivered said instrument as their free and voluntary act, for the uses and purposes therein set forth.

GIVE UNDER MY HAND AND SEAL THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ A.D.

APPROVED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_

NOTARY PUBLIC No. \_\_\_\_\_

\_\_\_\_\_  
RESIDING JUDGE  
Supreme Court of the Virgin Islands

NOTARY PUBLIC COMMISSION RENEWAL FORM  
Rev. 03/2018





# AFFIDAVIT

TERRITORY OF THE VIRGIN ISLANDS            )  
  )  
DISTRICT OF ST. \_\_\_\_\_                    )

I, \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_, being duly sworn, depose and state:

1. I am a citizen of the United States and a resident of the Virgin Islands.
2. I have resided in the Virgin Islands for the past \_\_\_\_\_ years.
3. I am \_\_\_\_\_ years of age.
4. \_\_\_\_\_ I am a graduate of an accredited High School; OR  
\_\_\_\_\_ I have passed the High School Equivalency Test (GED).
5. I have never been convicted of any crime either within or outside of the Virgin Islands.
6. I will continue to reside in the Virgin Islands during the term of my commission.

This Affidavit is made for the purpose of having issued to me a Notary Public Commission for the Virgin Islands.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_  
Notary Public Number: \_\_\_\_\_

GOVERNMENT OF THE VIRGIN ISLANDS  
OFFICE OF THE LIEUTENANT GOVERNOR

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CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK

Pursuant to 3 V.I.C. Section 772(4), to qualify as a Notary Public in the United States Virgin Islands, a person shall not have been convicted of any crime either within or outside of the Territory. The following information is needed to conduct a NCIC background check of all persons seeking to be appointed or reappointed to be a Notary Public.

I HEREBY GIVE MY PERMISSION FOR THE GOVERNMENT OF THE VIRGIN ISLANDS, OFFICE OF THE LIEUTENANT GOVERNOR, TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCIES, MAY INCLUDE ARREST AND CONVICTION DATA. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART, TO DETERMINE MY ELIGIBILITY TO BE A NOTARY PUBLIC IN THE UNITED STATES VIRGIN ISLANDS. I ALSO UNDERSTAND THAT AS LONG AS I REMAIN A NOTARY PUBLIC, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME FOR CAUSE RELATED TO MY APPOINTMENT.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTOR AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND HOLD THE GOVERNMENT OF THE VIRGIN ISLANDS, OFFICE OF THE LIEUTENANT GOVERNOR AND EMPLOYEES AND AGENTS HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER, AND ANY AND ALL RELATED ATTORNEY FEES, COURT COSTS AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A NOTARY PUBLIC.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

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PLEASE PRINT THE INFORMATION LEGIBLY –

1. BIRTH NAME

\_\_\_\_\_  
LAST

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
M.I.

MAIDEN NAME (OR ANY OTHER NAMES USED): \_\_\_\_\_

2. PHYSICAL ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

3. DATE OF BIRTH: \_\_\_\_\_

4. SOCIAL SECURITY No.: \_\_\_\_\_

5. DRIVERS LICENSE No.: \_\_\_\_\_







