



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

Remote Notarization System Provider Application

System Provider Information

Business ID number

Business Name

Is your organization (MISMO) certified? Yes No

Provider's contact person

First name

Middle name

Last name

Suffix

Email address

Describe how the method and system used allows for an individual receiving notarization services to generate a printable version of all documents executed in the system. Provide a timeframe of how long the notarized documents are available to the customer.

What method of user authentication will be used to ensure that access to a notarial officer's electronic signature and stamp is limited solely to the notarial officer?

(multi-factor authentication is strongly suggested and should be noted if used.)

Describe how your system positively identifies the notary customer prior to allowing them into a notary session. Include any trusted third party systems that are used.

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Does the storage system provided comply with [12.9.4.14 NMAC](#)? Explain. If no list deficiencies and describe plans for implementation.

Yes

No

Does the communication technology provided comply with all sections of [12.9.4.12](#)? Explain. If no list deficiencies and describe plans for implementation.

Yes

No

I _____, the undersigned individual on behalf of the above listed applying provider, hereby verify that as a provider we have complied with the above listed requirements. We understand that in the event of a possible security breach involving our data we must comply with the requirements of the Data Breach Notification Act [57-12C-1 to 57-12C-12 NMSA 1978](#) and submit notice to the Secretary of State. We understand the grounds for termination as listed under [12.9.4.17 section E.](#) of the Remote Online Notarization Standards. We have read and complied with all requirements listed under the Remote Online Notarization Standards [12.9.4.1 to 12.9.4.19 NMAC](#). I further acknowledge this application is subject to yearly renewal.

Signature

Date

FOR OFFICE USE ONLY

Approved by: _____ on _____