



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.

325 DON GASPAR, SUITE 300 | SANTA FE, NEW MEXICO 87501

PHONE: (505) 827-3600 or (800) 477-3632 | FAX: (505) 827-8081

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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 _____