



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Remote Notarization System Provider Application

System Provider Information

Business ID number

Business Name

Provider's contact person

First name

Middle name

Last name

Suffix

Email address

Describe the method or system used that allows for an individual receiving notarization services to generate a printable version of all documents executed in the system.

What type 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?

Provide the public key or identity verification method that will be in place, and if applicable, the trusted third party used.

325 DON GASPAR, SUITE 300 | SANTA FE, NEW MEXICO 87501
PHONE: (505) 827-3600 or (800) 477-3632 | FAX: (505) 827-8081
WWW.SOS.STATE.NM.US

Does the storage system provided comply with 12.9.4.14 NMAC? If yes, explain. If no, describe plans for implementation.

Yes

No

Does the communication technology provided comply with all sections of 12.9.4.12? If yes, explain. If no, 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.

Signature

Date

FOR OFFICE USE ONLY

Approved by: _____ on _____