

EMPLOYMENT CHANGE FORM

Department of the Attorney General
Commerce and Economic
Development Division
Notary Public Office
425 Queen Street
Honolulu HI 96813

Dear Notary Office:

[] I have changed employment from (old): _____

[] My employer's address has changed fr: *(Company name)* _____

_____ *(Company mailing address)*

_____ *(Company mailing address)*

_____ Phone# _____

_____ *(City, State, Zip)* **(Please print or type)**

to (new): _____

_____ *(Company name)*

_____ *(Company mailing address)*

_____ *(Company mailing address)*

_____ Phone# _____

_____ *(City, State, Zip)* **(Please print or type)**

Attached is a letter from my new employer justifying the continuation of my notary public commission with their company. *(Letter required only if notary has changed employment)*

Official Signature of Notary Public Date

(Please print your name)

My commission number: _____

My commission expires: _____

Attachment