Change of Employment

Department of the Attorney General
Notary Public Office
425 Queen Street
Honolulu, HI 96813

Effective Date: ____________
My Commission#: ____________
My Expiration Date: ____________

Dear Notary Office:

[ ] I have changed employment from (old):

(Company Name)

(Company mailing address)

Phone#  
(City, State, Zip)  (Please print or type)

To (New):

(Company Name)

(Company mailing address)

Phone#  
(City, State, Zip)  (Please print or type)

(Occupation)

(Email Address)

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)

Please be advised that § 5-11-46 (10), Hawaii Administrative Rules (HAR), effective March 12, 2015, requires a non-refundable payment of $10 for changes in employer, business address, and telephone number. Failure to timely notify attorney general of changes of any item specified above within 30 days, HAR § 5-11-46 (11) requires you to pay an administrative fine of $25.

Failure to timely notify attorney general of change of address that results in mailing of renewal forms to incorrect address, HAR § 5-11-46 (12) requires an administrative fine of $50.

For Office Use Only

Date: ________________
Receipt#: ________________

Official Signature of Notary Public

Date: ________________

(Please print your name)

Please remit payments by Cashier’s check, money order, or company check (no personal checks) made payable to "State Director of Finance".