

APPENDIX FORM A

**APPLICATION FOR APPOINTMENT OR REAPPOINTMENT AS A DESIGNATED NOTARY PUBLIC**

**INSTRUCTION:** This application for appointment or reappointment of an employee as a Designated Notary Public for the City of Houston must be completed for each employee, typewritten and approved by the Department Director or designee. **This original application form must be submitted to ARA, Insurance Management Division.**

**TYPE OF REQUEST:**

- Appointment**
- Reappointment**

1. Department/Division: \_\_\_\_\_
2. Name of Employee: \_\_\_\_\_  

(Last)
(First)
(MI)
3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employee No.: \_\_\_\_\_
4. Classification: \_\_\_\_\_
5. Work Address: \_\_\_\_\_
6. Telephone Number of Employee: \_\_\_\_\_
7. Name of Dept. Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_

**JUSTIFICATION FOR DESIGNATION  
(At least 3 justifications are required)**

- 1.
- 2.
- 3.

\_\_\_\_\_  
 Signature of Department Director /Designee Date

- Appointment /Reappointment Approved
- Appointment /Reappointment Denied

\_\_\_\_\_  
 Director of Administration and Regulatory Affairs/Designee Date