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Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

Notary Public Education Provider Form

In accordance with ORS 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

PLEASE TYPE OR PRINT CLEARLY AND LEGIBLY IN **BLACK** OR DARK BLUE INK.

1) APPLICATION TYPE

- EDUCATION PROVIDER APPLICATION** - Include lesson plan.
- AMENDMENT TO APPROVED EDUCATION PROVIDER APPLICATION** - Complete only the information to be amended.
- AMENDMENT TO APPROVED LESSON PLAN** - Include revised lesson plan.
- EDUCATION PROVIDER RENEWAL** - Provide any new information and include lesson plan.
- CANCELLATION OF CERTIFICATE OF APPROVAL** - Include provider name.

<i>For Office Use Only</i>	
Date Received:	____/____/____
Approval Date:	____/____/____
Disapproval Date:	____/____/____
Provider ID:	_____

2) NAME OF PROVIDER

3) OREGON BUSINESS REGISTRATION NUMBER

4) PROVIDER MAILING ADDRESS

STREET: _____ PO Box: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

5) PHONE NUMBER(S)

OFFICE NUMBER: _____ FAX NUMBER: _____

6) PROVIDER INTERNET INFORMATION

WEBSITE URL: _____
 EMAIL ADDRESS: _____

7) PROVIDER COURSE INFORMATION

Yes, I am providing a full copy of the three-hour lesson plan and all other materials that apply to this course.

8) COUNTIES WHERE COURSE WILL BE TAUGHT

- | | | | | | | |
|---------------------------------------|------------------------------------|------------------------------------|-------------------------------------|----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> All Counties | <input type="checkbox"/> Baker | <input type="checkbox"/> Crook | <input type="checkbox"/> Harney | <input type="checkbox"/> Lake | <input type="checkbox"/> Morrow | <input type="checkbox"/> Union |
| | <input type="checkbox"/> Benton | <input type="checkbox"/> Curry | <input type="checkbox"/> Hood River | <input type="checkbox"/> Lane | <input type="checkbox"/> Multnomah | <input type="checkbox"/> Willowa |
| | <input type="checkbox"/> Clackamas | <input type="checkbox"/> Deschutes | <input type="checkbox"/> Jackson | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Polk | <input type="checkbox"/> Wasco |
| | <input type="checkbox"/> Clatsop | <input type="checkbox"/> Douglas | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Linn | <input type="checkbox"/> Sherman | <input type="checkbox"/> Washington |
| | <input type="checkbox"/> Columbia | <input type="checkbox"/> Gilliam | <input type="checkbox"/> Josephine | <input type="checkbox"/> Malheur | <input type="checkbox"/> Tillamook | <input type="checkbox"/> Wheeler |
| | <input type="checkbox"/> Coos | <input type="checkbox"/> Grant | <input type="checkbox"/> Klamath | <input type="checkbox"/> Marion | <input type="checkbox"/> Umatilla | <input type="checkbox"/> Yamhill |

9) PROVIDER AUTHORIZATION

SIGNATURE OF AUTHORIZED PERSON

DATE

TYPE OR PRINT NAME

POSITION OR TITLE OF AUTHORIZED PERSON

DAYTIME PHONE NUMBER

EMAIL