

316 SE Pioneer Way, Oak Harbor, Washington 98277-3288 Phone: 360.679.5519 or 800.678.5519 Fax: 360.679.3008 Email: ponymail@whidbey.net www.ponymailing.com



## Notary Form for 1583 Processing (Please Print)

Name of Applica	ant #1:		
	Last Name,	First Name,	MI
Name of Applica	ant #2:		
	Last Name,	First Name,	MI
State of:			
County of:			
On this o	day of,	20, I attest that I have examin	ed the identification presented by
	• • •	ocuments presented appear to be g	genuine and relate to the above
named individua	· · /		
Applicant #1	ch were presented:	Applicant #2	
Exp. Date:		Exp. Date:	
ID #2:		ID #2:	
ID No.:		ID No.:	
Exp. Date:		Exp. Date:	
Notary Signature	e:		
			(Seal)
Date Commissio	n Expires:		
Additional Instr	uctions for Applicant(s):	Please attach legible photocopies o	f the examined documents and

send to this address: Attn: Mailbox Manager Pony Mailing & Business Center 316 SE Pioneer Way Oak Harbor, WA 98277



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## Notary Form for 1583 Processing (Please Print)

Name of Applicant #1: <u>Doe</u>	John	<u>A</u>
Last Name,	First Name,	MI
Name of Applicant #2:		
Last Name,	First Name,	MI
State of: <u>Washington</u>		
County of: <u>Island</u>		
On this day of <u>September</u>	, 20_ <u>14</u> , I attest that I have e	examined the identification
presented by the above named indiv	vidual(s), and the documents presented a	ppear to be genuine and relate to
the above named individual(s).		
Documents which were presented:		
Applicant #1	Applicant #2	
ID #1: <u>WA Drívers Lícense</u>	ID #1:	
ID No.: DOE**JA123QA		
Exp. Date: <u>08/12/2017</u>	Exp. Date:	
ID #2: <u>Mílítary ID</u>	ID #2:	
Ŭ	ID No.:	
ID No.: <u>SSN</u>		
Exp. Date: <u>31July2016</u>		
Notary Signature <u>: Jane R. Smith</u>		
Printed Name: Jane R. Smith		(Seal)
Date Commission Expires: _04/09/2	2017	
Additional Instructions for Applican send to this address:	<b>t(s):</b> Please attach legible photocopies of	the examined documents and

Attn: Mailbox Manager Pony Mailing & Business Center 316 SE Pioneer Way Oak Harbor, WA 98277