State of Idaho Risk Management Bond Application for State Employees

This application is to determine your eligibility to be bonded by the Risk Management Program.

Please answer questions and fill out the information below. ☐ I am employed by an Idaho State Agency and paid through the State Controller's Office ☑ I have not been convicted of a felony or crime involving fraud, dishonesty, or deceit. ☑ I have not been found in any legal proceeding or disciplinary action to have acted fraudulently, dishonestly, or deceitfully. ☑ I have not had a bond denied, revoked or restricted in any state. Have you previously been commissioned as a notary in the State of Idaho? No ⊠ Yes □ Commission #: Name: **Direct Phone Number:** Extension: State Agency Name: Agency Mailing Address: City: State: Zip: Email Address: Signature Date: Department Head or Designee I hereby request the State of Idaho employee named herein be bonded by the State of Idaho Risk Management Program to become a Notary Public as part of their duties. Title: Name: Signature Scan and email completed form to notary@adm.idaho.gov or mail via Statehouse mail or USPS Department of Administration Risk Management Program Attention: Penny Thorpe

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