



**Remote Online Notarization:  
Annual Confirmation and Recertification Form for  
Approved Technology Providers**

When your organization was first approved as a provider of technology for remote online notarial acts in this state, it agreed (and certified that it was able) to comply with the requirements set forth below as conditions of approval. Among those requirements, each year your organization must confirm its continued agreement to these conditions and recertify its ability to comply with them. Your organization may satisfy that recertification requirement by completing this form and returning a signed copy to [DFINotary@dfi.wisconsin.gov](mailto:DFINotary@dfi.wisconsin.gov) **no later than August 1 of this year**. Failure to timely complete and return this form may result in revocation of your organization's approved status.

The conditions of approval are as follows:

1. Your organization can and will provide technology that complies (and facilitates notaries' compliance) with Chapter 140 of the Wisconsin Statutes and all rules, standards, and guidance documents promulgated thereunder. Links to the applicable law and guidance can be found on [this page](#).
2. Your organization will promptly update the Department of Financial Institutions ([DFINotary@dfi.wisconsin.gov](mailto:DFINotary@dfi.wisconsin.gov)), on at least a weekly basis and in a manner acceptable to the Department, regarding Wisconsin notaries who (1) have become newly authorized to utilize your organization's technology, and (2) are no longer authorized to utilize your organization's technology for the performance of remote online notarial acts.
3. If there is a change in facts or circumstances such that any representation your organization made to the Remote Notary Council or the Department of Financial Institutions on a material issue is no longer accurate or complete, your organization will promptly report the change to the Department, explain the reasons for it, and provide an updated version of any application document affected by the change.
4. The scope of this conditional approval is limited to the proposed technologies and methods described in your organization's application materials and in pre-approval representations to the Remote Notary Council or the Department of Financial Institutions. If your organization later seeks to utilize different technologies or methods for remote online notarizations in this state, it must first apply for and obtain approval of those different technologies or methods.
5. If your organization suffers a data breach relating to remote online notarial services or technologies that requires notice to one or more Wisconsin residents under Wis. Stat. § 134.98 or other applicable law, your organization will also provide notice of the breach and its scope to the Department ([DFINotary@dfi.wisconsin.gov](mailto:DFINotary@dfi.wisconsin.gov)).

6. Your organization will cooperate with any information or investigative request made by the Department of Financial Institutions under Wis. Stat. § 140.27(2).
7. To maintain approval, your organization must recertify and accept the conditions stated herein no later than August 1 of each calendar year.
8. Your organization’s conditional approval may be revoked for failing to follow these conditions. In addition, without regard to whether a violation of these conditions has occurred, upon fair notice your organization may be directed by the Department of Financial Institutions to re-apply for approval as a technology provider in this state.
9. If your organization ceases to make its services available to Wisconsin-commissioned notaries, or if it can no longer meet the conditions set forth herein, it will immediately inform the Department of Financial Institutions of the reasons for the change and identify (1) all Wisconsin notaries utilizing the platform who will be affected by the change; (2) the steps your organization is taking to ensure that all such individuals will be reimbursed for any amounts paid for services that your organization will no longer be able to provide for them; and (3) the steps your organization is taking to ensure that any electronic records your organization is maintaining on those notaries’ behalf are securely transferred (or remain accessible) to them. The Department may take all available regulatory measures, including communications with out-of-state regulators, to address non-compliance with this requirement.
10. The person signing this form has the intent and authorization to make representations for the organization and to agree to these conditions on its behalf.

**CERTIFICATION AND ACCEPTANCE OF CONDITIONS FOR APPROVAL**

The organization identified below hereby certifies that it is able to comply with the foregoing provisions, and it agrees to comply with them as conditions for approval as a technology provider pursuant to Chapter 140 of the Wisconsin Statutes.

ORGANIZATION: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

This document may be made available in alternative formats upon request to qualifying individuals with disabilities.  
 You are hereby informed that the information you provide on the application may be considered a public record  
 available for public inspection.