

**COMMISSIONER FOR WEST VIRGINIA
RESIGNATION**

Form CWV-5
Rev. 11/02/2022

West Virginia Secretary of State

Licensing Division

Tel: (304)558-8000

Fax: (304)558-8381

Website: www.wvsos.gov

Email: notary@wvsos.gov

**FILE ONE ORIGINAL
(Two if you want a filed
stamped copy returned to you)**

NO FEE

Notary ID#: _____

**** The undersigned agrees to file for Resignation as a Commissioner for WV in accordance with the ****
Notary Laws as set forth in West Virginia Code §39-4-18(a).

**IMPORTANT - READ AND FOLLOW THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS
APPLICATION TO AVOID IT BEING REJECTED AND RETURNED TO YOU FOR CORRECTION.**

1. **Name of commissioner filing resignation:** _____

2. **Address Information:** ||| Street: _____
(Enter the current address
on your notary seal.) ||| City: _____ State: _____ Zip: _____

3. **Effective date of resignation** as a West Virginia Notary Public: _____
(Enter the actual date of resignation from your duties as a West Virginia
Commissioner; the date may be EARLIER THAN filing, the CURRENT
DATE of filing, OR a FUTURE DATE of filing with the West Virginia
Secretary of State.) (MM/DD/YYYY)

4. **Contact Name and Signature Information:**

a. Contact Name (print): _____

b. Contact Phone (w/ area code): _____

c. **Signature:** _____ **Date:** _____
(MM/DD/YYYY)

Important Note: This form is a public document. Please **do NOT** provide any personal identifiable information on this form such as social security number, bank account numbers, credit card numbers, tax identification or driver's license numbers.

**INSTRUCTIONS FOR FILING
COMMISSIONER FOR WEST VIRGINIA RESIGNATION**

Complete all the sections of the application in accordance with West Virginia Code §39-4-18(a) and return to the address below for filing with the West Virginia Secretary of State.

- Section 1.** **Name of commissioner filing resignation:** Print or type the full name of the commissioner filing the resignation from his/her commissioner duties.
- Section 2.** **Address Information:** Enter the most recent address information (**Street, City, State and Zip Code**) for the commissioner as recorded with the West Virginia Secretary of State.
- Section 3.** **Effective date of resignation as a Commissioner for West Virginia:** Enter the actual date the commissioner resigned, or will resign, from his/her duties as a West Virginia commissioner. The date may be EARLIER THAN filing, the CURRENT DATE of filing, OR a FUTURE DATE of filing with the West Virginia Secretary of State. **The date entered will be recorded as the actual date of resignation with the West Virginia Secretary of State's Office.**
- Section 4.** **Contact Name and Signature Information:**
- a. **Contact Name** – **PRINT** the contact name of the commissioner filing the requested change(s).
 - b. **Contact Phone** – Enter the phone number including the area code of the commissioner filing the resignation.
 - c. **Signature/Date** – The commissioner filing the resignation must SIGN and DATE the application. **If the application is NOT signed/dated, the application will be rejected and returned to the notary public for correction.**

SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

Charleston Office

West Virginia Secretary of State
State Capitol Building
1900 Kanawha Blvd. East
Bldg. 1, Ste. 157-K
Charleston, WV 25305
Phone: (304) 558-8000
Fax: (304) 558-8381
Hours: Mon. - Fri. 8:30a - 5:00p EST

Clarksburg Office

North Central WV Business Center
153 West Main Street
Suite G- Third Floor
Clarksburg, WV 26301
Phone: (304) 367-2775
Fax: (304) 627-2243
Hours: Mon. -Fri. 9:00a - 5:00p EST

Martinsburg Office

Eastern Panhandle Business Center
229 E. Martin Street
Martinsburg, WV 25401
Phone: (304) 356-2654
Fax: (304) 260-4360
Hours: Mon. - Fri. 9:00a - 5:00p EST