

**APPOINTMENT OF PROTOCOL  
CUSTODIAN AND SEAL FILING  
Form ACLN-2  
Effective xxxxxx xx, xxxx**

**Office of the Secretary of State  
Alabama Civil-law Notaries**

Full Name of Appointee: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Alabama Bar ID Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

**PROTOCOL**

If different than business address, please list the physical location where your notary protocol will be maintained:

\_\_\_\_\_  
\_\_\_\_\_

Please provide the name and business address (P.O. Box or Mail Drop Box not acceptable) of an Alabama Civil-Law Notary who has agreed to take custody of your protocol in the event your appointment is ever suspended or revoked, or you die or become incapacitated:

\_\_\_\_\_  
\_\_\_\_\_

(Affix seal in this space.)

**ACCEPTANCE OF APPOINTMENT**

Having been named as the Alabama Civil-law Notary agreeing to accept custody of the protocol of the person making this application, I hereby accept the designation and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties as custodian, and I am familiar with and accept the obligations of my position as custodian.

Please affix to this form a copy of the seal or graphic symbol unique to you intended to be used for the issuance of authentic instruments, along with a copy of your appointment by the Secretary of State.

**CERTIFICATION**

I hereby register the seal affixed to this form as my official seal for use in my capacity as an Alabama Civil-law Notary. I hereby certify that the information indicated on this form is true and accurate and that I understand any false statements constitute a violation of §13A-10-102, Code of Alabama (1975).

\_\_\_\_\_  
(Legal Signature of Appointee as it will appear on notarial acts) (Print or Type Legal Signature of Appointee) (Date)