



BARBARA K. CEGAVSKE
 Secretary of State
 101 North Carson Street, Suite 3
 Carson City, Nevada 89701-3714
 (775) 684-5708
 Website: www.nvsos.gov

Apostille/Certification Fees

Fee Schedule

<p>Apostille/Certification Order may be picked up or mailed out in approximately 10-14 business days</p>	<p>\$20.00 per each apostille</p>
<p>Expedited Service Available Expedite Fees Are In Addition To The Standard Apostille/Certification Fee. Your Request Will Be Processed In The Time For Which You Pay For Expedited Service Based On The Following Fees:</p>	
24 Hour Expedite - 1 to 100 Documents	\$75 per notary name
4 Hour Expedite - 1 to 100 Documents	\$125 per notary name
2 Hour Expedite	\$500 per notary name
1 Hour Expedite	\$1000 per notary name

Please note: For Expedite Service, the period begins when filing or service request is received in the Secretary of State's office in a fileable form. The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages, or equipment malfunction. These extensions are few and will rarely extend more than a few hours.

Las Vegas area residents wanting to **expedite their Apostille/Certification request**, our Las Vegas Office is now able to process your request.

Office hours 8:00am-5:00pm.

The Carson City office is located at

202 North Carson Street, Carson City, Nevada 89701

The Las Vegas office is located at

2250 Las Vegas Blvd. North, Suite 400, North Las Vegas, NV 89030



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Apostille/Certification Order Instructions

Applicant Signature Instructions: *Include your full first and last name and your original signature.*

I declare under penalty of perjury, that the document for which the authentication or certification is requested will not be used to:

(1) Harass a person; or (2) Accomplish any fraudulent, criminal or other unlawful purpose. **NRS 240.1657**

Misuse may expose signer to prosecution for a category C felony. NRS 193.130

X _____
Applicant Signature

LEGAL Name of Applicant:

PRINT Applicant First Name	PRINT Applicant Middle Name	PRINT Applicant Last Name	Suffix

Service Requested: All Fees are charged per **Apostille/Certification Fees** schedule

Regular
 24-Hour Expedite
 4-Hour Expedite
 2-Hour Expedite
 1-Hour Expedite

SUBMIT THIS COMPLETED FORM WITH YOUR REQUEST **USE BLACK INK ONLY - DO NOT HIGHLIGHT**

Date: Type of document presented for certification:

Return to:

Address:

Return Delivery (mark one):

Hold for Pick Up
 Mail to Address Above (Please provide a self-addressed envelope)

Contact Person Information:

Name:

Email:

Phone:

(United States phone number only)

Name of Country in which the Document will be used:

Notes and Special Instructions*:

*PLEASE NOTE: If the document is not processed, it will be mailed to the address above unless special instructions are provided.

Method of Payment:
 Check/Money Order
 Credit Card (attach checklist)

Total Amount Enclosed USD \$:



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Credit Card Checklist

(For Counter, Fax and Mail Requests)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Service Type: Counter Mail Fax

Order Processing Requested:

<input type="checkbox"/> Regular Processing	(Expedite Processing <i>Requires</i> Additional Fees)		
<input type="checkbox"/> 24-HOUR Expedite	<input type="checkbox"/> 4-HOUR Expedite (if available)	<input type="checkbox"/> 2-HOUR Expedite	<input type="checkbox"/> 1-HOUR Expedite

Card Type: (Mark one box)

VISA MasterCard Discover American Express

Customer Credit Card Number:

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V CODE*

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* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
 4-digit number found on the front right side of American Express card.

NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Expiration Date: Month Year

Amount: USD \$

Subject Name/Order Reference:

Cardholder Information:

Name as it Appears on the Account

Billing Address

City, State, Zip

Telephone

Payment Authorization: I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account:

X

Cardholder Signature

Not to Exceed Amount: USD \$