

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
BOARD OF ABSTRACTERS' BOARD OF EXAMINERS

810 N. Main St. #298, Spearfish, SD 57783
Tel: 605.642.1600 | Fax: 605.722.1006 | Email: office@sdlicensing.com | dlr.sd.gov/abstracters

APPLICATION FOR TITLE PLANT CERTIFICATE OF REGISTRATION

PLEASE COMPLETE ALL AREAS. IF THE APPLICATION IS NOT COMPLETED IN ITS ENTIRETY, IT WILL BE RETURNED FOR COMPLETION. REGISTRATION WILL NOT BE RECOGNIZED UNTIL THE BOARD RECEIVES THE COMPLETED FORM FROM THE APPLICANT.

TO THE ABSTRACTERS' BOARD OF EXAMINERS OF SOUTH DAKOTA:

Name of Applicant: _____ of _____ County, South Dakota,

Does hereby make application for certificate of registration, as provided by SDCL 36-13, to be issued to said:

Name of Applicant: _____ of _____ County, South Dakota,

of _____ and _____
(physical address) (mailing address)

And hereby represents to said Board:

1. (a) if a corporation: Date of Expiration of Charter: _____

Names Of Officers:

President: _____

Vice President: _____

Secretary-Treasurer: _____

Resident Agent: _____

- (b) If a partnership, names of Partners:

NAMES OF PARTNERS:

SOCIAL SECURITY NUMBERS:

- (c) If a limited liability company, names of Members:

NAMES OF MEMBERS:

SOCIAL SECURITY NUMBERS:

- (d) If an individual owner, name: _____

- (e) If a fictitious name, is it filed in the Office of the Register of Deed? Yes No

(f) Persons authorized to sign certificates under SDCL 36-13-11 to 36-13-12:

Name:

Date passed examination:

_____	_____
_____	_____
_____	_____
_____	_____

2. (a) That said applicant has an up-to-date set of records of instruments recorded in the Office of the Register of Deeds of _____ County, S.D. Yes No

Records completed to: _____ (date)

(b) if answer to 2(a) is NO, state fully the amount of work that has been done toward the building of a title plant pursuant to SDCL 36-13-10:

3. That this application is accompanied by:

(a) TWO ORIGINAL BONDS in the sum of \$ _____, signed by Applicant as Principal, and
by _____ as Surety.

The amount of the bond is determined as follows:

\$25,000 for counties with a population of 15,000 or less;

\$50,000 for counties with a population over 15,000, as shown by the census last taken prior to the filing of such bond.

(b) License fee in the sum of \$ _____

The license fee for an applicant with a county population of 10,000 or less is \$350.00; The license fee for an applicant with a county population of 10,001 to 15,000 is \$490.00; The license fee for an applicant with a county population over 15,000 is \$700.00; all as determined by the federal census last taken.

4. That said applicant is an agent for the following Title Insurance Underwriting Companies:

If you do not have an underwriter, do you have an agreement with another county? Yes No If yes, with which county do you have an agreement? _____

Do you have Errors & Omission Insurance? Yes No

If yes, name of carrier: _____

Amount of coverage: \$ _____

Premium amount: \$ _____

Office Manager: _____

Phone: _____ Fax (if any): _____

Any questions regarding this application should be directed to: _____

Pursuant to ARSD 20:36:03:02, if an applicant for registration seeks registration for the purpose of qualifying a partnership, corporation, or other permitted firm to engage in abstracting, the applicant must show under oath that the applicant or some other legally registered abstracter will have personal contact with or responsible supervision of the operations of such partnership, corporation, or firm at all times. No partnership subject to SDCL 37-11, the fictitious names statute, shall be qualified until it has complied therewith.

DO NOT FILL OUT THE BELOW AFFIDAVIT UNLESS REGISTRATION IS SOUGHT FOR THE ABOVE REASON.

STATE OF SOUTH DAKOTA)
) ss
COUNTY OF _____ }

I (WE) _____ being first duly sworn, depose and say that I (we) have read the foregoing application and know the contents thereof; that said application is submitted to the Abstracters' Board of Examiners for the purpose of procuring an Abstracter's Certificate of Registration; and that I (we) solemnly swear that all statements and representations therein set forth are true in every particular.

Subscribed and sworn before me, this _____ day of _____, 20_____.

(SEAL)

NOTARY PUBLIC, SOUTH DAKOTA

COMMISSION EXPIRES _____