

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.

**SOUTH DAKOTA ABSTRACTERS' BOARD OF EXAMINERS
PO Box 239
Canton, SD 57013-0239
605.558.1030**

**APPLICATION FOR
TITLE PLANT CERTIFICATE OF REGISTRATION**

TO THE ABSTRACTERS' BOARD OF EXAMINERS OF SOUTH DAKOTA:

_____ of _____ County, South Dakota,
(Name of Applicant) (Name of County)

does hereby make application for Certificate of Registration, as provided in SDCL Chapter 36-13, to be issued to said

_____, for _____ County, South Dakota,
(Name of Applicant) (Name of County)

of _____ and _____,
(Physical Address) (Mailing Address)

and hereby represents to said Board:

1. (a) If a corporation: Date of expiration of Charter: _____

Name of Officers:

President: _____

Vice President: _____

Secretary-Treasurer: _____

Registered Agent: _____

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

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

(d) If an individual owner, name: _____

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

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

	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
(name of county)

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 federal 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 Number (if any) _____

Any questions regarding this application should be directed to: _____

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Dated at _____, S. D., this ____ day of _____, 20____.

(Name of Applicant)

By: _____
(Applicant's signature)

Its: _____
(Title, if applicable)

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 to before me this ____ day of _____, 20____.

(Seal)

Notary Public, South Dakota

My Commission Expires: _____

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.**

AFFIDAVIT

STATE OF SOUTH DAKOTA)
) ss
COUNTY OF _____)

The applicant, _____, being first duly sworn, declares that at all times the applicant or some other legally registered abstracter will have personal contact with or responsible supervision of the operations of the partnership, corporation, or firm for which the applicant has sought registration or by which the applicant is employed.

(Name of Applicant)

By: _____
(Applicant's signature)

Its: _____
(Title, if applicable)

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

(Seal)

Notary Public, South Dakota

My Commission Expires _____