

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 ABTRACTER'S EXAMINATION AND LICENSURE

1. **This application may be used for both initial and reciprocity applicants. The competency requirements for licensure are the same for both.**
2. Directions for completion of the application: Please type or write legibly. All items must be completed, or the application will not be processed. The application must be accompanied by all fees (new exam is \$50/section and re-takes are \$25/section).
3. Fingerprint cards and instructions for completing will be mailed out to new applicants upon receipt of the application.

First Name: _____ Last Name: _____ Middle: _____

Maiden Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____ FAX Number: _____

Date of Birth: _____ Social Security Number: _____

E-mail Address: _____

***ALSO USED FOR UJS REGISTRATION, NO SHARED E-MAIL ADDRESSES**

Employer: _____
(plant name) (plant certificate number)

Employer Mailing Address: _____

City: _____ State: _____ Zip: _____

PLEASE INDICATE WHICH SECTIONS OF THE EXAMINATION YOU WILL BE TAKING:

- SECTION I- DESCRIPTIONS
- SECTION II- INSTRUMENTS
- SECTION III- CODE, RULES AND REGULATIONS
- SECTION IV- MISCELLANEOUS
- SECTION V- TITLE INSURANCE

Number of sections to be taken: _____ X **\$50.00** = _____ (Total Examination Fee Owed)

Number of sections to be re-taken: _____ X **\$25.00** = _____ (Total Examination Fee Owed)

PERSONAL REFERENCES

NAME, MAILING ADDRESS, CITY, STATE AND ZIP

MISCELLANEOUS

1. Have you ever been convicted of a crime other than a misdemeanor traffic offense? Yes No
If yes, give complete details on a **separate sheet**, including copies of the court's judgment and any written decision.
2. To your knowledge, has a complaint ever been filed against you or a company owned by you with the South Dakota Abstracters' Board of Examiners or any board of examiners in another state, territory or jurisdiction?
Yes No
3. Are you currently or have you ever been licensed in another state? Yes No
If yes, which state(s)? _____
4. Has any state rejected your application for licensure or revoked your professional license or certificate in any field or profession? Yes No
If yes, give complete details on a **separate sheet**.

AFFIRMATIONS

By applying for licensure to the South Dakota Abstracters' Board of Examiners, I:

- have obtained, pursuant to SDCL 36-13-11.1, fingerprint cards from the sheriff in the county in which I wish to be licensed. I will physically present the fingerprint cards at the time of examination or mail them to the board office prior to the examination;
- authorize board representatives to consult with others who have been associated with me and/or who may have information bearing on my competence and qualifications;
- consent to board representatives' inspection of all records and documents that may be material to an evaluation of my professional qualifications and competence to carry out the privileges I request, of my physical and mental health status, and my professional and ethical qualifications;
- release from any liability all board representatives or any state licensure board for their acts performed in good faith and without malice in connection with the evaluation of me and my credentials;
- release from any liability all individuals and organizations who provide information, including otherwise privileged or confidential information, to the South Dakota abstracters' examiners in good faith and without malice concerning my competence, professional ethics, character, physical and mental health, emotional stability, and other qualifications; and
- 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.

Applicant Signature: _____ Date: _____

(TYPE OR PRINT NAME (LEGIBLY) AS IT IS TO APPEAR ON THE LICENSE)