SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

SOUTH DAKOTA ABSTRACTERS' BOARD OF EXAMINERS

810 N. Main St. #298, Spearfish, SD 57783 Tel: 605.558.1030 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:

	of		County, South Dakota,
(Name of Applicant)	(Name of County)	
pes hereby make application for Certification	ate of Registration,	as provided in SDCL C	hapter 36-13, to be issued to said
	, for		County, South Dakota,
(Name of Applicant)		(Name of County)	
(Physical Address)	and		,
(Physical Address)		(Ma	iling Address)
nd hereby represents to said Board:			
(a) If a corporation: Date of expiration of	ofCharter:		
Name of Officers:			
President:			
Vice President:			
Secretary-Treasurer:			
Registered Agent:			
(b) If a partnership, names of Partner	rs:		
(c) If a limited liability company, nam	es of Members:		
(d) If an individual owner, name:			
(e) If a fictitious name, is it filed in the			

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

	Date passed examination
2.	
	Register of Deeds ofCounty, S.DYesNo (name of county)
	Records completed to:
	(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 SDCL36-13-10:
3.	That this application is accompanied by:
	(a) TWO ORIGINAL BONDS in the sum of \$, signed by Applicant as Principal, and byas 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 withanother county?YesNo If yes, with
	which county do you have anagreement?

Phone:	Do you have Errors & Omission Insura	nce?	Yes	No		
Premium Amount: \$	If yes, Name of Carrier:					
Office Manager: Fax Number (if any)Any questions regarding this application should be directed to:Any questions there and correct. Dated atAny questions for the presentations there and correct	Amount of Coverage: \$			_		
Any questions regarding this application should be directed to:	Premium Amount: \$			_		
Any questions regarding this application should be directed to:	Office Manager:					
knowledge and belief, is in all things true and correct. Dated at, S. D., thisday of, 20 (Name of Applicant) By:(A) Signature) Its:applicable) STATE OF SOUTH DAKOTA	Phone:	Fax Number	r (if any)			
knowledge and belief, is in all things true and correct. Dated at, S. D., thisday of, 20 (Name of Applicant) By:(A) Signature) Its:applicable) STATE OF SOUTH DAKOTA	Any questions regarding this application sh	ould be directed	d to:			
knowledge and belief, is in all things true and correct. Dated at, S. D., thisday of, 20 (Name of Applicant) By:(A) Signature) Its:applicable) STATE OF SOUTH DAKOTA						
(Name of Applicant) By:	-		applicatior	n has been examined b	y me, and to the best	t of my
By:	Dated at	_, S. D., this	day o	of	, 20	:
By:						
signature) Its:applicable) STATE OF SOUTH DAKOTA) Sss COUNTY OF			-		(Name of Applicant)	
Its:			Ву:			(Applicant's
applicable) STATE OF SOUTH DAKOTA) Ss COUNTY OF				C <i>i</i>		
) ss COUNTY OF			lts:	ar	oplicable)	(Title, if
COUNTY OF	STATE OF SOUTH DAKOTA)				
read the foregoing application and know the contents thereof; that said application is submitted to the Abstracters' Bo Examiners for the purpose of procuring an Abstracter's Certificate of Registration; and that I (we) solemnly swear that statements and representations therein set forth are true in every particular.	COUNTY OF) ss)				
Subscribed and sworn to before me thisday of, 20	read the foregoing application and know th Examiners for the purpose of procuring an	ne contents there Abstracter's Cer	eof; that sa tificate of R	id application is submit Registration; and that I ticular.	tted to the Abstracte (we) solemnly swear	rs' Board of that all
		day o [.]	- f			
Notary Public, South Dakota	(Seal)		ī	Notary Public, South Da	akota	
My Commission Expires:			r	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-l1, 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, some other legally registered abstracter will have perso partnership, corporation, or firm for which the applican	onal contact with or responsi	ble supervision of the operations of the
		(Name of Applicant)
		(Applicant's
	signatu	re)
	lts:	(Title, if
		applicable)
Subscribed and sworn to before me this_	day of	, 20
(Seal)	Notary Public, South I	Dakota
	My Commission Expir	es