

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

810 N. Main St. #298, Spearfish, SD 57783  
Tel: 605.642.1600 Fax: 605.722.1006 dlr.sd.gov/abstracters

**APPLICATION FOR ABTRACTER'S  
EXAMINATION AND LICENSURE**

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 - \$50.00 per section of the test (see below).

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Mailing Address: \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip)

Home Telephone: \_\_\_\_\_ Office Number \_\_\_\_\_

Cell Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail add \_\_\_\_\_

Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(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

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**MISCELLANEOUS**

1. Have you ever been convicted of a crime other than misdemeanor traffic offenses? \_\_\_Yes \_\_\_ No  
If yes, give complete details on a separate sheet, including copies of the court’s judgment and any written decisions in that case.

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  
If yes, give complete details on a separate sheet, including copies of any decision, stipulation or agreement reached in the action(s).

3. Are you currently or have you ever been licensed in another state? \_\_\_Yes \_\_\_ No  
If yes, in which state or states?  
\_\_\_\_\_

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.

\* 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 of 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 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 Board of 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.

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Applicant's signature

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Print name as it is to appear on license

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Date