

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

**2017 APPLICATION FOR RENEWAL OF
ABSTRACT PLANT CERTIFICATE OF REGISTRATION WITH BOND**

TO THE ABSTRACTERS' BOARD OF EXAMINERS OF SOUTH DAKOTA:

(FULL NAME OF APPLICANT)

does hereby make application for a renewal of Certificate of Registration, as provided by SDCL 36-13 together with revisions, to be issued to said

(CORPORATE NAME OR COMPANY NAME AS IT SHOULD APPEAR ON THE CERTIFICATE OF REGISTRATION)

For _____ County, South Dakota, and hereby represents to said Board:

1. (a) Prior Certificate Number:

(b) Name of Applicant as shown on prior certificate, if different from current application:

(c) If a corporation:

Expiration Date of Charter:

Names of Officers:

President:

Vice President:

Secretary-Treasurer:

Resident Agent:

Federal ID#:

Number of Shares Issued:

Par Value:

Total amount of capital stock issued: \$

Transfer of Interest in Partnership Yes No

Percentage of Interest transferred:

Interest transferred to whom

Transfer by Inheritance Yes No

Percentage of Interest Transferred:

Interest Transferred to whom:

4. Title Insurance Companies for which Applicant is an agent:

5. Possession of Errors & Omission Insurance Yes No

If yes, Name of Carrier:

Amount of Coverage: \$

Premium Amount: \$

6. Applicant has an underwriter. Yes No

If no, does Applicant have an agreement with another county? Yes No

If Applicant has an agreement with another county, which county?

7. This application is accompanied by **two original bonds** with an effective date of July 1, 2015 through June 30, 2017 as follows:

(a) A bond in the sum of \$ _____ signed by Applicant as Principal and
by _____ as Surety.

The bond amount is determined as follows, based on the 2010 federal census:

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

\$50,000 for counties with a population greater than 15,000

(b) License fee in the sum of \$ _____, based on the 2010 federal
census:

\$350 for counties with a population of 10,000 or less

\$490 for counties with a population of 10,001 to 15,000

\$700 for counties with a population greater than 15,000

8. List of **all** licensed individuals currently working in Applicant's office.

(If more room is needed, attach an exhibit. If a previously licensed abstracter has left applicant's employment since the last renewal of license, attach a memo.)

(The Board uses these names to keep a current list of licensees. If a licensed individual's name does not appear here, his or her license will be considered null and void.)

Name	Date of License
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9. Contact Information:

Office Manager:

Name:

Phone:

Fax No.:

Physical Address:

(Street)

(City)

(State)

(Zip)

Mailing Address:

(Street or Box#)

(City)

(State)

(Zip)

Company email address for publication on Board website:

Email address for notices from the Board:

Any questions regarding this application should be directed to:

