

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

**2019 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) 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, 2019 through June 30, 2021 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:

