

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

810 N. Main St. #298, Spearfish, SD 57783
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**APPLICATION FOR RENEWAL OF ABSTRACT PLANT CERTIFICATE OF
REGISTRATION WITH BOND**

1. Every Abstract Plant must submit their own renewal form and two original bonds. **Do not combine multiple plants in one form. Each plant must have its own renewal application and bonds.**
2. Please return your completed renewal form and two original bonds together with a check or money order made payable to the South Dakota Abstracter's Board of Examiners.

TO THE ABSTRACTERS' BOARD OF EXAMINERS OF SOUTH DAKOTA:

(FULL NAME OF APPLICANT)

DOES HERBY 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 HERBY 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: \$ _____

(d) IF A LIMITED LIABILITY COMPANY: NAMES
OF MEMBERS/OFFICERS:

SOCIAL SECURITY NUMBERS:

(e) IF A PARTNERSHIP:

FEDERAL ID#: _____

NAMES OF PARTNERS:

SOCIAL SECURITY NUMBERS:

_____	_____
_____	_____
_____	_____
_____	_____

(f) IF AN INDIVIDUAL OWNER:

NAME: _____

SOCIAL SECURITY NUMBER: _____

(g) APPLICANT USES FICTITIOUS NAME: YES NO, IF YES, IT IS FILED IN REGISTER OF DEEDS OFFICE FOR _____ COUNTY, SOUTH DAKOTA.

2. APPLICANT HAS AN UP-TO-DATE SET OF RECORDS OF INSTRUMENTS RECORDED IN THE OFFICE OF REGISTER OF DEEDS OF _____ COUNTY, SOUTH DAKOTA

YES NO

RECORDS ARE COMPLETED TO: _____

(DATE)

3. THERE HAS BEEN A TRANSFER OF OWNERSHIP SINCE THE LAST RENEWAL OF CERTIFICATE OF REGISTRATION YES NO

IF YES, PERCENTAGE OF STOCK/SHARES TRANSFERRED: _____

STOCK TRANSFERRED TO WHOM: _____

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 THE APPLICANT IS AN AGENT:

5. POSSESSION OF ERRORS & OMISSIONS INSURANCE YES NO

IF YES, NAME OF CARRIER: _____

AMOUNT OF COVERAGE: \$ _____

PREMIUM AMOUNT: \$ _____

6. APPLICANT HAS AN UNDERWRITER: YES NO
IF NO, DOES THE APPLICANT HAVE AN AGREEMENT WITH ANOTHER COUNTY? YES NO

IF THE APPLICANT HAS AN AGREEMENT WITH ANOTHER COUNTY, WHICH COUNTY? _____

7. THIS APPLICATION IS ACCOMPANIED BY **TWO ORIGINAL BONDS** WITH EFFECTIVE DATES OF JULY 1, 2023 THROUGH JUNE 30, 2025 AS FOLLOWS:

IMPORTANT NOTE: NEW PLANTS SHOULD UPDATE THEIR BONDS TO FOLLOW THE TIMELINE SPECIFIED (7/1/23-6/30/25)

(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 2020 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 2020 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 CERTIFIED ABSTRACTERS EMPLOYED AND WORKING IN THE PLANT AND AUTHORIZED TO SIGN CERTIFICATES UNDER SDCL 36-13-11 TO 36-13-12:

NAME:

DATE OF CERTIFICATION:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. CONTACT INFORMATION:

OFFICE MANAGER NAME: _____

PHONE: _____ FAX NO.: _____

PHYSICAL ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP)

MAILING ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP)

COMPANY E-MAIL ADDRESS FOR PUBLICATION ON THE BOARD WEBSITE:

E-MAIL ADDRESS FOR NOTICES FROM THE BOARD:

ANY QUESTIONS REGARDING THIS APPLICATION SHOULD BE DIRECTED TO:

DATED AT _____, SD, THIS _____ DAY OF _____, _____.

I 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 NI ALL THINGS TRUE AND CORRECT.

(APPLICANT SIGNATURE)

(DATE)

STATE OF SOUTH DAKOTA)
) ss
COUNTY OF _____}

_____ BEING FIRST DULY SWORN, DEPOSE AND SAY THAT I HAVE READ THE FOREGOING APPLICATION AND KNOW THE CONTENTS THEROF; THAT SAID APPLICATION IS SUBMITTED TO THE ABSTRACTERS’ BOARD OF EXAMINERS FOR THE PURPOSE OF PROCURING AN ABSTRACTERS’ CERTIFICATE OF REGISTRATION; AND THAT I SOLEMNLY SWEAR THAT ALL STATEMENTS AND REPRESENTATIONS HEREIN SET FORTH ARE TRUE IN VERY PARTICULAR.

(SIGNATURE)
ITS _____
(TITLE)

SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____, _____.

(SEAL)

NOTARY PUBLIC, SOUTH DAKOTA
COMMISSION EXPIRES _____