



State of Nebraska
Abstracters Board of Examiners

P.O. Box 94944
Lincoln, NE 68509
Telephone (402) 471-2383

Exam Date:
Certificate #
Date Granted

Application for Certificate of Registration
As An Abstracter

76-542. Any person desiring to become a registered abstracter shall file an application for registration with the Board. Such applicant shall have reached the age of majority, shall not have been convicted of a felony. Each applicant for registration shall take the written examination prescribed by Section 76-543.

This form is for the use of an individual and must be personally prepared by the applicant. Every question must be answered or application will be returned for completion. Please print in ink or use a computer in completing this application. If additional space is needed in answering any question, use a separate sheet of paper and indicate the number of the question to which the information applies. Return completed Application and all fees to the Abstracters Board of Examiners.

APPLICATION FEE - \$50.00
EXAMINATION FEE -\$75.00
(Fees Not Refundable)

A RECENT PASSPORT TYPE PHOTO MUST ACCOMPANY THIS APPLICATION.

In compliance with the provisions of the Nebraska Abstracters Act, I hereby make application for a license authorizing me to engage in the business of abstracting, and in support of this Application make the following statements:

- 1. Name (Last, First, Middle) Social Security Number
2. Residence Address County City State Zip Code
3. Telephone Number E-Mail
4. Business Name (Name of Holder of Certificate of Authority) Certificate of Authority Number
5. Business Address County City State Zip Code
6. Telephone Number Fax Number Cell Number E-Mail
7. Date of Birth Place of Birth
8. Are you a citizen of the Untted States? YES NO
9. Are you a resident of Nebraska? YES NO If yes, number of years:
10. What Legislative District do you live in:

11. Have you ever been licensed or registered in any other state as an Abstracter? YES NO
If yes, state the names of states and licenses herein:
12. Has your application for license or registration for abstracter ever been rejected or your license suspended or revoked in any other state? YES NO
If yes, explain fully, giving dates, places and full details of rejection, suspension or revocation.
13. Do you currently hold any professional license(s) from any state(s) in any profession(s)? YES NO
If yes, please state fully the title of the license(s) and state(s) involved:
14. Have you been involved in any lawsuits? Either as Plaintiff or Defendant during the past ten years or are there any such lawsuits pending at the current time? YES NO
If yes, give full details including dates, places, parties, disposition. (must include small claims court)
15. Have you ever been convicted of any criminal offense or is there any criminal charge now pending against you (other than minor traffic violations)? YES NO
If yes, give full details including dates, places, disposition, etc.
16. Have you read and do you understand the provisions of the Nebraska Abstracter's Act? YES NO
17. Do you understand that when you change employers you must immediately notify the Abstracter's Board of Examiners? YES NO
18. Do you understand that in the event you are not employed by a holder of a Certificate of Authority, you become inactive and cannot engage in the business of abstracting? YES NO
19. Are you currently employed in the business of abstracting? YES NO
If yes, for how long have you been so employed? _____
20. If no, have you ever been employed in the business of abstracting? YES NO
If yes, for how long were you so employed? _____

21. Nature of abstracting experience:	(# of Years)	(# of Years)
Receiving and Booking Orders-	_____	Writing up District & County Court Proceedings - _____
Making daily takeoffs for abstract office records-	_____	Proofing Abstract Materials & Information - _____
Simple typing -	_____	Preparing Reports of Title- _____
		Signing Abstract Certificates- _____
Courthouse Searches:		
Running titles (County Clerk & Register of Deeds)-	_____	
Searching county and city tax records -	_____	
Doing judgment searches-	_____	

21. Educational Background:

a. High School:

City/State

Number of Years Attended Year Graduated Degree

b. College:

City/State

Number of Years Attended Year Graduated Degree

c. Other:

City/State

Number of Years Attended

22. Employment Background: Beginning with the most recent, give your employment background for the past ten years. If self-employed, homemaker, student or unemployed during this period, include as part of employment.

a. Employer:

Contact Person

Telephone #

Address:

Position	From	To	City/State	Zip
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b. Employer.

Contact Person

Telephone #

Address

Position	From	To	City/State	Zip
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c. Employer:

Contact Person

Telephone #

Address

Position	From	To	City/State	Zip
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d. Employer.

Contact Person

Telephone #

Address

Position	From	To	City/Stata	Zip
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The foregoing statements are made for the purpose of procuring a certificate of registration as an abstracter in the State of Nebraska. I understand that any false information will be sufficient reason for rejection of my application. I further understand that any false information contained in this Application may be a basis for revoking or suspending a license, if granted.

Submission of this Application will serve as an authorization to release any and all information recorded on or attached with this Application for licensing purposes to any state or federal investigative agency. Submission of this Application means as well that I expressly agree that the Nebraska Abstracters Board of Examiners reserves the right to go outside this Application for information as to my trustworthiness and competency to act as a registered abstracter in the State of Nebraska, and I hereby consent that said statements may be used as evidence by the Abstracters Board of Examiners, or in any court where a violation of the statutes of the State of Nebraska relating to abstracts of title is claimed.

(Date)

(Signature of Applicant)

F APPLICANT'S EMPLOYER

I, _____, certify that I am the current employer of the above named applicant; and that said applicant is competent and trustworthy to act as an abstracter in such manner as to safeguard the interests of the public.

(Date)

(Signature of Employer)

Applicant is required to complete three recommendations as to trustworthiness and competency, being qualified persons who are acquainted with your business background.

(At least one recommendation should be by an attorney or a real estate broker.)

I, _____ hereby certify that I am not related to the above named applicant; that I have been personally acquainted with said applicant for the past _____ years; and that the applicant bears a good reputation for honesty and truthfulness; and that applicant is competent to act as an abstractor in such manner as to safeguard the interests of the public.

(Date)

(Signature)

Business Address: _____ Occupation: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

RECOMMENDATION #2

I, _____ hereby certify that I am not related to the above named applicant; that I have been personally acquainted with said applicant for the past _____ years; and that the applicant bears a good reputation for honesty and truthfulness; and that applicant is competent to act as an abstractor in such manner as to safeguard the interests of the public.

(Date)

(Signature)

Business Address: _____ Occupation: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

RECOMMENDATION # 3

I, _____ hereby certify that I am not related to the above named applicant; that I have been personally acquainted with said applicant for the past _____ years; and that the applicant bears a good reputation for honesty and truthfulness; and that applicant is competent to act as an abstractor in such manner as to safeguard the interests of the public.

(Date)

(Signature)

Business Address: _____ Occupation: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____