



## OKLAHOMA ABSTRACTORS BOARD

### *APPLICATION CHECKLIST*

#### Application for Permit to Develop an Abstract Plant

**NOTICE:** Applicants are advised to carefully read and understand the Oklahoma Abstractors Act, Title 1 of the Oklahoma Statutes, and the Oklahoma Administrative Code: Rules and Regulations governing the Oklahoma Abstractors Board, Title 5.

**WARNING:** False statements on your application or accompanying documents, and/or non-compliance with the above rules, regulations and/or statutes are cause for revocation of your Permit and/or fines and penalties under the Rules.

In order to process your application, **every item on this checklist must be included and completed.** **WARNING:** Failure to comply with all requirements listed below could result in a delay of your Application.

- ( ) **Completed Application.** Did you complete every question on the application form?
- ( ) **Signed and Notarized.** Is your application appropriately signed and notarized?
- ( ) **Application Fee.** Did you enclose the proper fee amount for your Application for Permit?
- ( ) **OAB Rule 5:11-3-4. Application fees for permits, certificates of authority, and renewals**  
For each calendar year a separate application and fee shall be submitted for each certificate of authority, permit, and renewal for each county in which the applicant desires to do business. **The 2010 census for county population is now being used.** Please check the back page of this application for the current population count. The fee shall be as follows:
  - (1) County Population of less than 10,000 - \$400.00
  - (2) County Population of 10,000 but less than 30,000 - \$800.00
  - (3) County Population of 30,000 but less than 60,000 - \$1,200.00
  - (4) County Population of 60,000 but less than 100,000 - \$1,600.00
  - (5) County Population of 100,000 but less than 200,000 - \$2,400.00
  - (6) County Population of 200,000 or more - \$3,200.00
- ( ) **Proper Signature(s) and Payee** Is your check properly signed? Is the payee shown as "Oklahoma Abstractors Board?"
- ( ) **Company Principles List.** Did you include a list of all major (at least 10%) owners, stockholders, corporate officers and directors? If not incorporated, you must provide all company owners, officers and/or partners. The list must include home addresses and phone numbers, birth dates, social security numbers, race and gender of each person listed. This is required so that we will have the ability to conduct an OSBI background check, if needed.
- ( ) **Surety Bond.** A County Records Bond, based on the population of your county, must be provided pursuant to Title 1, Section 27(C).
  - (1) County Population of less than 30,000 - \$15,000.00
  - (2) County Population of 30,000 but less than 60,000 - \$25,000.00
  - (3) County Population of 60,000 but less than 100,000 - \$50,000.00
  - (4) County Population of 100,000 or more - \$100,000.00

You may obtain a bond form from the OAB that prescribes all of the required language. If you wish to use a different bond form, our office must approve same in advance.

( ) **Abstractor License Compliance.** The Rules and Regulations of the Oklahoma Abstractors Board provide:

**OAB Rule 5:11-3-1. Who must hold abstract license**

(a) Any person in the employ of a holder of a certificate of authority or permit, or a holder of a certificate of authority who is an individual actively engaged in the process of preparing abstracts, or the holder of a permit who is an individual actively engaged in the construction of an abstract plant, shall be required to have an individual abstract license.

(b) Any person who is employed by a holder of a permit or certificate of authority whose sole function is limited to reviewing documents to determine the type of instrument, date, parties, recording information and legal description, and entering such information into a manual or computer indexing system shall not be required to hold an abstract license. Such activity shall be conducted under the supervision of a licensed abstractor. Prior to the final entry of such documents to the abstract plant, a licensed abstractor must review, verify and accept such entries as final on behalf of the holder of the permit or certificate of authority. Any matter entered into the indexing system by an unlicensed person without proper licensed supervision may be deemed a violation of this Act.

(c) The holder of a certificate of authority or permit shall provide the Board with a list of the names of licensed and unlicensed employees in such form as directed by the Board.

( ) **5:11-7-2. Renewal of permit to develop abstract plant**

A permit holder must actively pursue construction of the abstract plant. Failure to do so may result in revocation of permit or non-renewal by the board.

( ) **Compliance with Checklist for Building a New Abstract Plant (OAB Form No. 009)**

- ( ) I. Application requirements completed and attached?
- ( ) II. Requirements for posting licenses and permits completed? Surety Bond filed?
- ( ) III. Indexing System for County Clerk Records approved?
- ( ) IV. Indexing System for Court Clerk Records approved?
- ( ) V. Instrument Acquisition procedures in place?
- ( ) VI. Missing and Restored Instruments procedures in place?
- ( ) VII. Read and understand "Important Notices".

( ) **Completed Verification of U.S. Citizenship.** If applicant is an individual, this is a new form required by 71 O.S. Section 56 entitled the Oklahoma Taxpayer and Citizen Protection Act of 2007. Please choose Option 1 or 2 as applicable, date, execute, and have your signature notarized.



## OKLAHOMA ABSTRACTORS BOARD

2401 N.W. 23<sup>rd</sup> Street, Suite 60B  
P.O. Box 700076  
Oklahoma City, OK 73107  
Phone: (405) 522-5019  
Fax: (405) 522-5503

### APPLICATION FOR PERMIT TO DEVELOP ABSTRACT PLANT

*All information submitted will be a matter of public record.*

All questions must be answered completely. Send application fee and county records bond with this application. Make check payable to **Oklahoma Abstractors Board**. **You must have a county records bond in each county that you are doing business.**

In addition to the bond required, any person, firm, corporation, or other entity not engaged in the business of abstracting on January 1, 1984, shall have for use in such business an independent set of abstract books or other system of indexes compiled from the instruments of record affecting real estate in the office of the county clerk, and not copied from the indexes in said office, showing all instruments affecting title to real property on file or of record in the office of the county clerk and court clerk of said county where business is being conducted.

All permits expire annually. A permit holder who has not completed development of an abstract plant at the time the permit expires may apply for renewal of the permit. Applications for renewal must be made between the dates of sixty (60) days prior and thirty (30) days prior to the scheduled expiration of the original permit and shall be accompanied by the renewal fee. The permit holder shall comply with provisions of the Oklahoma Abstractors Act to obtain a certificate of authority after completion of the abstract plant. A permit renewal application will not be accepted by the OAB office earlier than 60 days prior to the expiration date. If the renewal application is not in the OAB office at least 30 days prior to expiration, it shall be subject to a fine and may be denied due to insufficient time for processing prior to the Board meeting.

The undersigned applicant understands that the permit requested herein is only for the county set forth below and the permit holder is totally responsible to make his own arrangements with the applicable county officials to photocopy, reproduce, or copy the instruments and records in the various county offices so as not to distract, disrupt, or interfere with the daily operation of that county office.

In compliance with the Oklahoma Abstractors Act, I hereby make application for Permit and make the following statements under oath:

**1. Legal Name of Business** \_\_\_\_\_

Type of Business:  Sole Proprietorship  Partnership  Corporation  Other \_\_\_\_\_

Business Street Address \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
Street City State Zip

E-mail Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Company TIN (if entity) or SSN (individual) \_\_\_\_\_

NOTE: IF CORPORATION, LIST NAMES AND ADDRESSES OF OFFICERS, PRINCIPAL STOCKHOLDERS AND DIRECTORS. IF PARTNERSHIP, LIST NAMES AND ADDRESSES OF ALL PARTNERS. (Attach as Exhibit)

2. Owner(s) Name \_\_\_\_\_  
Residence Address \_\_\_\_\_ Residence Phone (\_\_\_\_) \_\_\_\_\_  
Street City State Zip

3. Mailing address, if different: \_\_\_\_\_  
Street City State Zip

4. State in which you are an actual resident: \_\_\_\_\_

5. County in which you applied for Permit: \_\_\_\_\_

6. Population of said county: \_\_\_\_\_ (From last federal census)

7. What county or counties have you held a Permit: \_\_\_\_\_

How many years? \_\_\_\_\_ Was Certificate ever revoked? \_\_\_\_\_  
If so, when? \_\_\_\_\_

8. Have you or any principal been convicted of or pleaded guilty or nolo contendere to a felony or crime of moral turpitude in this state, another state, or a federal court, or are any charges pending?

[ ] Yes [ ] No. If answer is Yes, give complete details: \_\_\_\_\_

9. Are there any unpaid court judgments or liens against you at this time? If so, give location of court, case numbers, dates and amounts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Have you ever filed a Petition for Voluntary Bankruptcy, or has an Involuntary Petition for Bankruptcy ever been filed against you? If so, please give details: \_\_\_\_\_

11. Names and addresses of licensed abstractors in your employ that will be assisting in building this abstract plant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. List names, addresses and phone numbers of three references:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. List bank references – Name of financial institution, bank office, address and phone number:  
\_\_\_\_\_  
\_\_\_\_\_

14. Do you intend to hire an outside firm or individual (third party vendor) to assist you in any way in developing your plant? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, the name, address and phone number of firm: \_\_\_\_\_

If yes, describe the way or manner in which they will be assisting you: \_\_\_\_\_

I have carefully read the Oklahoma Abstractors Law, as amended, governing said abstractors. I agree that I will conform to the law and regulations. I certify that all answers given in this application are factual and true to the best of my knowledge and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant (Signature and Title)

\_\_\_\_\_  
Printed Name

STATE OF OKLAHOMA )  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

NOTE: A FALSE STATEMENT IN THIS APPLICATION IS CAUSE FOR REVOCATION OF PERMIT

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To be used by Oklahoma Abstractors Board only

- 1. Proper Bond [ ] Yes [ ] No
- 2. Proper Application Fee [ ] Yes [ ] No
- 3. References [ ] Yes [ ] No
- 4. \_\_\_\_\_ [ ] Yes [ ] No
- 5. \_\_\_\_\_ [ ] Yes [ ] No

Remarks and questions: \_\_\_\_\_

Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

## SCHEDULE OF PERMIT HOLDERS, OWNERS AND OFFICERS

Company Name \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Corporation – Type: \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Other

Agent for Service of Process: \_\_\_\_\_

Address of Agent where service is accepted: \_\_\_\_\_

Name(s) of Company Owner(s): Add separate sheet if more room is needed

Name	Date of Birth	Race	Gender	Social Security	Address	Telephone No.

Name(s) of Stockholders: Add separate sheet if more room is needed

Name	Date of Birth	Race	Gender	Social Security	Address	Telephone No.

Name(s) of Officer(s): Add separate sheet if more room is needed

Name	Title	Date of Birth	Race	Gender	Social Security	Address	Telephone No.

Name(s) of Directors: Add separate sheet if more room is needed

Name	Date of Birth	Race	Gender	Social Security	Address	Telephone No.

