



## OKLAHOMA ABSTRACTORS BOARD

### *APPLICATION CHECKLIST* Renewal of Abstractors License

**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 Abstractors License 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 Renewal of Abstractors License?
- ( ) **Proper Signature and Payee** Is your check properly signed? Is the payee shown as "Oklahoma Abstractors Board?"
- ( ) **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.
- ( ) **OAB Rule 5:11-3-8. Change of employment status**
  - (a) Upon change of employment, regardless of reason or place of relocation, a licensee shall report such change to the Board within ten (10) days of the effective date of the change.
  - (b) Upon written request by the licensee more than 30 days prior to the expiration of a licensee's license, the Board may place a licensee on inactive status. Such status may be requested for one additional renewal period upon request and payment of the required renewal fees. The request for inactive status shall be in writing, on a form furnished by the Board.
  - (c) During active military service, any licensee shall not be required to pay the fees but shall request the inactive status prior to each term for which the license is to be issued.
  - (d) At any time the licensee complies with all requirements of the Oklahoma Abstractors Act, an inactive licensee may request active status, which request shall be in writing, on forms furnished by the Board.

( ) **OAB Rule Fines Policy**

**Abstractor Licenses:**

Renewal applications for abstractor licenses are due 30 days before expiration. If licensees submit their applications after the 30 day deadline, but before the license expires, they may do one of the following:

1. Pay a fine in the amount of \$100.00 and have their license extended for one month until the next Board meeting; or
2. Pay no fine, allow their license to expire, submit their application to be reinstated as an abstractor, take the licensing test at the next available date and be placed on the agenda for approval on the month following the testing. They will be unable to perform abstracting duties during this time period.

If the application is submitted after the expiration date, the license will be deemed to have expired and the applicant will be subject to requirements for obtaining a new license, including passing the test with a 70% pass rate.



## OKLAHOMA ABSTRACTORS BOARD

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Oklahoma City, OK 73107  
Phone: (405) 522-5019 - Fax: (405) 522-5503

### APPLICATION FOR RENEWAL OF ABSTRACT LICENSE

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

All questions must be answered completely. Send Application Fee in the sum of \$150.00 with this application. Make check payable to **Oklahoma Abstractors Board**. License will be valid for one (1) year. Return completed form with fee to the address above.

If licensee leaves the employ of this certificate holder or permit holder, or changes employment to another holder of a certificate of authority or permit, (s)he shall so inform the Oklahoma Abstractors Board in writing within 10 days of the action.

In compliance with the Oklahoma Abstractors Act, I hereby make application for renewal of my Abstract License and make the following statements under oath:

1. Full Legal Name: \_\_\_\_\_  
(maiden name / other)

If your legal name has changed since your last renewal, please provide copies of pertinent documents showing change.

2. Residence address \_\_\_\_\_  
(No P.O. Box) Street City State Zip

Mailing address, if different: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_\_) \_\_\_\_\_

3. Employer (Abstract Company) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business Telephone: (\_\_\_\_\_) \_\_\_\_\_ Hire Date: \_\_\_\_\_ Abstractor License No. \_\_\_\_\_

4. Must be 18 years of age or older. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

5. City / County in which you are an actual resident: \_\_\_\_\_

6. County / Counties in which you are applying for an Abstract License: \_\_\_\_\_

Address / Addresses where you will be working: \_\_\_\_\_

7. Have you 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 \_\_\_\_\_  
\_\_\_\_\_

8. Has there been a change in your employment since your last Abstract License was renewed? Yes \_\_\_ No \_\_\_. If answer is yes, give complete details. \_\_\_\_\_  
\_\_\_\_\_

9. If you are NOT a resident of the State of Oklahoma, do you give written consent, by signing this application below, that actions, suits at law and administrative proceedings may be commenced against you in any county in this state where any cause of action may arise or be claimed to have arisen out of any actions occurring as a result of alleged activities under the Act? YES NO

10. If you are NOT a resident of the State of Oklahoma, you must hereby appoint a service agent in the State of Oklahoma to receive service of summons or notice of hearing. Please list below:  
\_\_\_\_\_  
\_\_\_\_\_

I have carefully read the Oklahoma Abstractors Act, 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

Date: \_\_\_\_\_  
Employer (Name and Title)

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

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

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

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

**NOTE: FALSE STATEMENT IN THIS APPLICATION IS CAUSE FOR REVOCATION OF LICENSE**

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***To be used by Oklahoma Abstractors Board only***

1. Proper Application Fee [ ] Yes [ ] No      2. Employer Check [ ] Yes [ ] No  
3. OSBI / OTC Background Check [ ] Yes [ ] No  
4. License Issued \_\_\_\_\_ License Expiration \_\_\_\_\_ License Number \_\_\_\_\_

5. Employment changed to \_\_\_\_\_

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

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