



## OKLAHOMA ABSTRACTORS BOARD

### *APPLICATION CHECKLIST* Application for Certificate of Authority

**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 Certificate of Authority and/or fines and penalties under the Rules.

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

**WARNING:** Policy for Establishing Fines for Late Filings: Effective September 1, 2010, all renewal applications for Certificates of Authority shall, according to Title One, Section 30(B), be in the OAB office 90 days prior to expiration. If an application is not received in the OAB office by 5:00 p.m. on the 90<sup>th</sup> day prior to expiration, a \$100.00 fine shall be levied on the Certificate of Authority holder. If the application is not received in the OAB office by 5:00 p.m. on the 60<sup>th</sup> day prior to expiration, an additional \$300.00 fine shall be levied on the Certificate of Authority holder and the OAB agency office will notify the applicant that the application has not been received. If the application is not received in the OAB office by 5:00 p.m. on the 30<sup>th</sup> day prior to expiration, an additional \$500.00 fine will be levied in addition to the previous fines. All fines are cumulative and may be enforced in the same manner in which civil judgments may be enforced.

- ( ) **Completed Application.** Did you complete every question on the application form? If the question is not applicable, please put N/A. However, **all blanks must be filled in.**
- ( ) **Signed and Notarized.** Is your application appropriately signed and notarized?
- ( ) **Application Fee.** Did you enclose the proper fee amount for your Application for Certificate of Authority?
- ( ) **OAB Rule 5:11-3-4. Application fees for permits, certificates of authority, and renewals .** (c) 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.** The 2010 census may be viewed under the "Forms" tab on our webpage. 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?"
- ( ) **Abstracting Rate Sheet.** Complete either the page based fee schedule or time based fee schedule found in the forms list on the OAB website. Is the proposed effective date at least 30 days beyond the date you expect our office to approve your application?

- ( ) **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 the name, mailing address, e-mail address, percentage of stock, assets and shares owned by each, and phone numbers of each person listed. If you are incorporated, you must provide the name of an agent for service in the State of Oklahoma.
- ( ) **County Records Bond.** If you were recently issued a new Bond, you must enclose the ORIGINAL Bond that you received, so that we can process it and send a certified copy to your County Clerk and to you.
- ( ) **Errors and Omissions Insurance.** Did you include a copy of the Declaration Page from your Errors and Omissions Insurance Policy?
- ( ) **Uniform Abstract Certificate.** Does your Uniform Abstract Certificate comply with the prescribed format, and did you enclose a copy of it with this application?
- ( ) **Final Title Report for the Issuance of Title Insurance.** Does your Final Title Report for the Issuance of Title Insurance comply with the prescribed format, and did you enclose a copy of it with this application?
- ( ) **OESC Quarterly Report.** Did you enclose a copy of your most recent Oklahoma Employment Security Commission Quarterly Employee Contribution Report? You may mask out payroll amounts – you are only required to show the listing of all company employees and the last four numbers of their Social Security number. Beginning January 1, 2011, the Oklahoma Employment Security Commission will require filing of Form OES-3 (Oklahoma Employers Quarterly Contribution Report) online. This information should be printed and sent in with your application.
- ( ) **Abstractor License Compliance.** Did you include the job title and brief description for each employee on the OESC report? For those who are not licensed, and should be, did you supply their date of hire and when you anticipate scheduling a test? Note: The Rules and Regulations of the Oklahoma Abstractors Board provides:

**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.

- ( ) **Licensee Employment Changes.** You are required to provide notice of change of any licensee's employment (both new hires and terminations) within 10 days of such event. If you failed to do so any time of the previous year, please take this opportunity to inform us of any changes in employment status for any of your licensees that have take place in the last 12 months.
- ( ) **Completed Verification of U.S. Citizenship.** If Applicant is an individual, this form is required by *56 O.S. Supp. 2007 §71* 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

421 NW 13<sup>th</sup> St., Suite 180  
Oklahoma City, OK 73103  
Phone: (405) 522-5019  
Fax: (405) 522-5503

### APPLICATION FOR CERTIFICATE OF AUTHORITY

*All information submitted will be a matter of public record.  
Please return completed form, fee and required documentation to address above.*

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 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. These books or indexes must be compiled from the instruments of record affecting real estate in the office of the county clerk or the court clerk of said county where business is being conducted, but not copied from the indexes in said county office. These books or indexes shall show all instruments affecting title to real property on file or of record in the office of the county clerk and court clerk

All persons, firms, corporations, or other entities engaging in the business of abstracting shall have available for use an abstract plant and maintain same in "a current condition". To maintain "a current condition" is to have all documents or instruments indexed that are filed in said county, except those filed within the preceding fifteen (15) days. Failure to maintain "a current condition" will be grounds for revocation of the Certificate of Authority.

If a Certificate of Authority is allowed to lapse beyond renewal date, applicant is required to apply for a new Certificate of Authority.

In compliance with the Oklahoma Abstractors Act, I hereby make application for a Certificate of Authority and make the following statements under oath:

**1. Firm or Corporation Name** \_\_\_\_\_

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

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

E-mail Address \_\_\_\_\_ Company Website \_\_\_\_\_

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 / Officer Name \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone (\_\_\_\_) \_\_\_\_\_  
Street City State Zip

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

4. County in which you applied for a Certificate of Authority: \_\_\_\_\_

5. Population of said county (according to last Federal census): \_\_\_\_\_

6. Do you have Errors and Omissions Insurance?  Yes  No

If so, what is the name of the company? \_\_\_\_\_

Policy No. \_\_\_\_\_ Amount of Insurance \_\_\_\_\_

Amount of Deductible \_\_\_\_\_ **Attach copy of E&O Insurance Declaration Page**

7. What county or counties have you held a Certificate of Authority? \_\_\_\_\_

How many years? \_\_\_\_\_ Was Certificate ever revoked?  Yes  No If so, when? \_\_\_\_\_

8. Enclose copy of your *Abstract Fees Schedule*. NOTE: The abstracting fee schedules submitted with this application cannot be changed unless the Board has been notified and approved of said change.

9. Please enclose a copy of your Uniform Abstract Certificate Form.

10. Please enclose a copy of your Final Title Report for the Issuance of Title Insurance Form.

11. 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, a federal court, or are any charges pending?  Yes  No. If answer is Yes, give complete details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Are there any unpaid court judgments or liens against you at this time?  Yes  No If so, give location of court, case numbers, dates and amounts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. Have you ever filed a Petition for Voluntary Bankruptcy?  Yes  No Has an Involuntary Petition for Bankruptcy ever been filed against you?  Yes  No If so, please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Is your county records bond current? [ ] Yes [ ] No *Attach Copy of Bond*

Name of Bonding Company: \_\_\_\_\_

Amount of Bond \_\_\_\_\_ Expiration date of Bond \_\_\_\_\_

15. Did you hire an outside firm or individual (third party vendor) to assist you in any way in developing your plant or will assist you in operating or maintaining your plant?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give the name, address and phone number of firm:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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 further give consent to the completion of a background check by an accredited company and the Oklahoma Tax Commission, as required by law. I certify that all answers given in this application are factual and true to the best of my knowledge and belief.

\_\_\_\_\_  
Owner or Managing Officer/Partner Signature Title Date

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***

To be used by Oklahoma Abstractors Board only

- |                           |                |                                 |                |
|---------------------------|----------------|---------------------------------|----------------|
| 1. Proper Bond            | [ ] Yes [ ] No | 5. Schedule of Abstractors Fees | [ ] Yes [ ] No |
| 2. Proper E&O             | [ ] Yes [ ] No | 6. OESC Report                  | [ ] Yes [ ] No |
| 3. Proper Application Fee | [ ] Yes [ ] No | 7. Job Titles & Descriptions    | [ ] Yes [ ] No |
| 4. Proper UAC Form        | [ ] Yes [ ] No | 8. Final Title Report           | [ ] Yes [ ] No |

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

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

Instructions for Required Affidavit: All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma Abstractors Board are required, by the provisions of 56 O.S. Supp. 2007 §71, to provide the Oklahoma Abstractors Board with verification of lawful presence in the United States by executing one of the Affidavits below before a notary public or other officer authorized to notarize affidavits under State law. The Oklahoma Abstractors Board's licensing office is staffed with notaries who are available to provide notary service at no cost to Applicants.

**AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES**

**Option 1 – Verification of Citizenship**

Affidavit of \_\_\_\_\_  
[Applicant's Name]

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

\_\_\_\_\_, of lawful age, being first duly sworn, upon his or her oath states, under penalty of perjury, as follows:

I am a United States Citizen. \_\_\_\_\_  
[Signature of Applicant]

Subscribed and sworn to or affirmed before me this \_\_\_ day of \_\_\_\_\_, 20 \_\_, by \_\_\_\_\_.

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

My Commission Number: \_\_\_\_\_  
Expires: \_\_\_\_\_  
[Seal]

**Option 2 – Affidavit Verifying Qualified Alien Status**

Affidavit of \_\_\_\_\_  
[Applicant's Name]

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

\_\_\_\_\_, of lawful age, being first duly sworn, upon his or her oath states, under penalty of perjury, as follows:

I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

\_\_\_\_\_  
[Signature of Applicant]

Subscribed and sworn to or affirmed before me this \_\_\_ day of \_\_\_\_\_, 20 \_\_, by \_\_\_\_\_.

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

My Commission Number \_\_\_\_\_  
Expires: \_\_\_\_\_  
[Seal]

# OAB SCHEDULE OF CERTIFICATE HOLDERS

COMPANY NAME: \_\_\_\_\_ COUNTY: \_\_\_\_\_ DATE: \_\_\_\_\_

Please choose one of the sections (1-4) which best details your company and mark the box left of that section and then fill out all of the boxes in that section. Mark "N/A" if not applicable.

<input type="checkbox"/>	<b>1. SOLE PROPRIETORSHIP</b>
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Please fill in the information below for each owner. Do not leave empty boxes, use "N/A" if not applicable.

NAME OF OWNER(S)	% OF STOCK / % OF ASSETS / # SHARES	EMAIL ADDRESS	MAILING ADDRESS	PHONE NUMBER	
	_____% / _____% / _____				
	_____% / _____% / _____				

<input type="checkbox"/>	<b>2. PARTNERSHIP</b>	<input type="checkbox"/> <b>GENERAL</b> <input type="checkbox"/> <b>LIMITED</b> <input type="checkbox"/> <b>LIMITED LIABILITY</b>
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Please fill in the information below for each partner. Add a separate sheet if more space is needed. Attach a copy of the partnership papers that are applicable to the type of partnership if this is a transfer of ownership or a new application for Certificate of Authority.

NAME OF PARTNER(S)	% OF STOCK / % OF ASSETS / # SHARES	EMAIL ADDRESS	MAILING ADDRESS	PHONE NUMBER	TYPE OF PARTNER
	_____% / _____% / _____				
	_____% / _____% / _____				
	_____% / _____% / _____				

<input type="checkbox"/>	<b>3. CORPORATION</b>	<input type="checkbox"/> <b>S – CORPORATION</b> <input type="checkbox"/> <b>C - CORPORATION</b>
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Please fill in the information below for each Officer and Director. Add a separate sheet if more space is needed. Please attach a copy of the Articles of Incorporation if this is a transfer of ownership or a new application for Certificate of Authority.

Name of Agent for Service of Process: \_\_\_\_\_ Address where service is accepted: \_\_\_\_\_

NAME OF OFFICER(S)	% OF STOCK / % OF ASSETS / # SHARES	EMAIL ADDRESS	MAILING ADDRESS	PHONE NUMBER	TITLE
	_____% / _____% / _____				
	_____% / _____% / _____				
	_____% / _____% / _____				
NAME OF DIRECTOR(S)	% OF STOCK / % OF ASSETS / # SHARES	EMAIL ADDRESS	MAILING ADDRESS	PHONE NUMBER	
	_____% / _____% / _____				
	_____% / _____% / _____				
	_____% / _____% / _____				

<input type="checkbox"/>	<b>4. LIMITED LIABILITY COMPANY</b>
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Please fill in the information below for each Manager / Member. Add a separate sheet if more space is needed. Please attach a copy of the LLC papers appointing the Managers / Members if this is a transfer of ownership or a new application for Certificate of Authority.

Name of Agent for Service of Process: \_\_\_\_\_ Address where service is accepted: \_\_\_\_\_

NAME OF MANAGER(S) / MEMBER(S)	% OF STOCK / % OF ASSETS / # SHARES	EMAIL ADDRESS	MAILING ADDRESS	PHONE NUMBER	MANAGER OR MEMBER?
	_____% / _____% / _____				
	_____% / _____% / _____				