



## OKLAHOMA ABSTRACTORS BOARD

### *APPLICATION CHECKLIST*

#### Abstractors License (New)

**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?

**5:10-3-1. Who must hold abstract license**

(a) A holder of a certificate of authority or permit who is an individual or partner actively engaged in the process of preparing abstracts, shall also be required to have an individual abstract license.

(b) Any person employed by a holder of a certificate of authority or permit for the purpose of searching county records or compiling abstracts shall hold an abstract license. An employee whose sole function is to put the work product of others into typewritten or other readable form shall not be required to hold an abstract license.

( ) **Signed and Notarized.** Is your application appropriately signed and notarized?

( ) **Completed Oklahoma Tax Commission State of Compliance.** Is it signed and dated ? This is the only place on this form you must put your entire social security number. You may use the last four digits only on the rest of the application.

( ) **Application Fee.** Did you enclose the proper fee amount for your Application for License. The fee includes your Abstractors Test Fee.

( ) **Proper Signature(s) and Payee** Is your check properly signed? Is the payee shown as "Oklahoma Abstractors Board"

( ) **Completed Verification of U.S. Citizenship.** This is a 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 ABSTRACT LICENSE

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

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

You must pass the Abstractor License Test to obtain a license. 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 \_\_\_\_\_  
First Middle (no initial) Last (maiden name / other)
2. Residence address: \_\_\_\_\_  
(No P.O. Box) Street City State Zip  
Mailing address, if different: \_\_\_\_\_  
Street City State Zip
3. Must be 18 years of age or older.  
Date of Birth: \_\_\_\_\_ Social Security Number: XXX-XX-\_\_\_\_\_  
E-mail \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_
4. Employer (Abstract Company) \_\_\_\_\_  
Business Address \_\_\_\_\_  
Street City State Zip  
Business Telephone (\_\_\_\_) \_\_\_\_\_ Length of Employment \_\_\_\_\_
5. Are you a United States Citizen? [ ] Yes [ ] No If no, Country of citizenship: \_\_\_\_\_
6. City / County in which you are an actual resident: \_\_\_\_\_
7. County / Counties in which you are applying for an Abstract License: \_\_\_\_\_  
Address / Addresses where you will be working: \_\_\_\_\_  
\_\_\_\_\_
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. Submit names, addresses and telephone numbers of three references:

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

10. List names and addresses of abstract companies where previously employed.

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

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 the Oklahoma State Bureau of Investigation 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.

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**

\_\_\_\_\_  
To be used by Oklahoma Abstractors Board only

Date Test Taken: \_\_\_\_\_

Test Score: \_\_\_\_\_

Date Test Re-Taken: \_\_\_\_\_

Test Score: \_\_\_\_\_

- 1. Proper Application Fee [ ] Yes [ ] No
- 2. Reference Check [ ] Yes [ ] No
- 3. Employer Check [ ] Yes [ ] No
- 4. OSBI / OTC Check [ ] Yes [ ] No

3. License Issued \_\_\_\_\_ License Number \_\_\_\_\_

4. Employment changed to \_\_\_\_\_

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

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



**OKLAHOMA TAX COMMISSION  
STATEMENT OF COMPLIANCE  
FOR NEW LICENSE APPLICANTS**

Licensing Agency: **Oklahoma Abstractors Board**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_  
insert full social security number

\_\_\_\_\_ I certify that, to the best of my knowledge, I am in compliance with the income tax laws of the State of Oklahoma.

\_\_\_\_\_ I have not had an Oklahoma income tax filing requirement for the past three years for the following reason:

\_\_\_\_\_ I was not a resident of the State of Oklahoma

\_\_\_\_\_ I received no taxable income

\_\_\_\_\_ Other \_\_\_\_\_

Under penalties of perjury, I declare that to the best of my knowledge and belief, the above is true, correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date