



STATE OF NEBRASKA
ABSTRACTERS BOARD OF EXAMINERS

P.O. Box 94944
1200 'N' Street, Suite 404
Lincoln, Nebraska 68509
Telephone (402) 471-2383
Fax (402) 471-6575

Certificate #: _____

Date Granted: _____

Application for Certificate of Authority

This Application is for the use of individuals or business entities desiring to engage in the business of abstracting in the State of Nebraska. No person, firm, partnership or corporation is authorized to engage in the business of abstracting until a Certificate of Authority applicable to such person, firm, partnership or corporation has been issued by the Abstractors Board of Examiners.

Application fee: \$100

License fee: \$300

- Name of Applicant: _____
- Address: _____ County: _____
City/State: _____ Zip: _____
Telephone/Area Code: _____ Fax/Area Code: _____
E-Mail: _____

Applicant shall furnish proof that such applicant is, or has employed, a registered abstractor and shall display the Certificate of Registration of each registered abstractor in a prominent place in the business office of Applicant.

- List the names and home addresses of all Registered Abstractors employed by Applicant including Applicant, if individual:
Name: _____
Name: _____
Name: _____
Name: _____

(Use separate sheet to continue, if necessary.)

- List the names and business addresses of attorneys licensed to practice in the State of Nebraska who are owners, officers or employees of Applicant:
Name: _____
Address: _____
City/State: _____ Zip: _____ Telephone #: _____
Bar #: _____ Fax#: _____

(Use separate sheet to continue, if necessary.)

- Status of Applicant (Individual or Business Entity): _____

If Business Entity, indicate type: Corporation _____ Partnership _____ LLC _____

6. If Applicant is a corporation/partnership/LLC, list the names and business addresses of current owners/officers/partners:

Name: _____ Title: _____

Address: _____

City/State: _____ Zip: _____ Telephone #: _____

Name: _____ Title: _____

Address: _____

City/State: _____ Zip: _____ Telephone #: _____

Name: _____ Title: _____

Address: _____

City/State: _____ Zip: _____ Telephone #: _____

(Use separate sheet to continue, if necessary.)

7. If Applicant is a corporation, furnish the date and state of incorporation and attach a copy of Articles of Incorporation to this Application.

If Applicant is partnership, furnish a copy of the Articles of Partnership and recorded Partnership Certificate.

If Applicant is a Limited liability Company, furnish a copy of the Articles and the film roll and page where recorded.

Dated this _____ day of _____, 20_____

Name of Applicant

By: _____

Title: _____

State of Nebraska)

) ss.

County of _____)

I, _____, swear that I have carefully read and signed the foregoing application; and that the information therein contained is true to the best of my knowledge and belief.

Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public