



**STATE OF NEBRASKA
ABSTRACTERS BOARD OF EXAMINERS**

P.O. Box 94944
1200 'N' Street, Suite 404
Lincoln, NE 68509
Telephone (402) 471-2383
Fax (402) 471-8575

Exam Date: _____

Certificate # _____

Date Granted: _____

Application for Certificate of Registration As An Abstracter

76-542. Any person desiring to become a registered abstracter shall file an application for registration with the Board. Such applicant shall have reached the age of majority, shall not have been convicted of a felony, and shall have at least one year of verified land title-related experience satisfactory to the Board. Each applicant for registration shall take the written examination prescribed by Section 76-543.

This form is for the use of an individual and must be personally prepared by the applicant. Every question must be answered or application will be returned for completion. **Please print in ink or use a typewriter in completing this Application.** If additional space is needed in answering any question, use a separate sheet of paper and indicate the number of the question to which the information applies. Return completed Application and all fees to the Abstracters Board of Examiners.

APPLICATION FEE — \$50.00
EXAMINATION FEE — \$75.00
(Fees Not Refundable)

A RECENT PASSPORT TYPE PHOTO MUST ACCOMPANY THIS APPLICATION.

In compliance with the provisions of the Nebraska Abstracters Act, I hereby make application for a license authorizing me to engage in the business of Abstracting, and in support of this Application make the following statements:

1. Name (Last, First, Middle)				Social Security Number	
2. Residence Address		County	City	State	Zip Code
3. Telephone/Area Code			E-Mail		
4. Business Name (Name of Holder of Certificate of Authority)				Certificate of Authority Number	
5. Business Address		County	City	State	Zip Code
6. Telephone/Area Code	Fax/Area Code	Cell/Area Code		E-Mail	
7. Date of Birth			Place of Birth		
8. Are you a citizen of the United States?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
9. Are you a resident of Nebraska?					
<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, number of years: _____					
10. What Legislative District do you live in:					

11. Have you ever been licensed or registered in any other state as an abstractor:
If yes, state names of states and dates of licenses therein: YES NO

12. Has your application for license or for registration as an abstractor ever been rejected or your license suspended or
revoked in any state? YES NO
If yes, explain fully, giving dates, places and full details of rejection, suspension or revocation.

13. Do you currently hold any professional license(s) from any State in any profession(s)? YES NO
If yes, please state fully the title of license(s) and state involved.

14. Have you been involved in any lawsuits, either as plaintiff or defendant, during the past ten years, or are there any such
lawsuits pending at the present time? YES NO
If yes, give full details including dates, places, parties, disposition, etc. (Must also include small claims court.)

15. Have you ever been convicted of any criminal offense, or is there any criminal charge now pending against you
(other than minor traffic violations)? YES NO
If yes, give full details including dates, places, disposition, etc.

16. Have you read and do you understand the provision of the Nebraska Abstracters Act? YES NO

17. Do you understand that when you change employers, you must immediately notify the Abstracters Board of Examiners? YES NO

18. Do you understand that in the event you are not employed by a holder of a Certificate of Authority, you become inactive
and cannot engage in the business of abstracting? YES NO

19. Are you now employed by a holder of a Certificate of Authority?

If yes, for how long have you been so employed? _____

If no, have you ever been employed in the business of abstracting? _____

If yes, for how long were you so employed? _____

20. Nature of abstracting experience:

	(# of Years)		(# of Years)
Receiving and Booking Orders	_____	Writing up District and County Court Proceedings	_____
Making daily takeoffs for abstract office records	_____	Proofing Abstract Material/Information	_____
Simple typing	_____	Preparing Reports of Title	_____
Courthouse Searches:		Signing Abstract Certificates	_____
Running titles (County Clerk and Register Of Deeds Offices)	_____		
Searching county and city tax records	_____		
Making judgment searches	_____		

21. Educational Background: a. High School:	City/State		
	Number of Years Attended	Year Graduated	Degree
b. College:	City/State		
	Number of Years Attended	Year Graduated	Degree
c. Other:	City/State		
	Number of Years Attended		

22. Employment Background: Beginning with the most recent, give your employment background for the past ten years. If self-employed, homemaker, student or unemployed during this period, include as part of employment.

a. Employer:	Contact Person		Telephone/Area Code	
	Address			
Position	From	To	City/State	Zip
b. Employer:	Contact Person		Telephone/Area Code	
	Address			
Position	From	To	City/State	Zip
c. Employer:	Contact Person		Telephone/Area Code	
	Address			
Position	From	To	City/State	Zip
d. Employer:	Contact Person		Telephone/Area Code	
	Address			
Position	From	To	City/State	Zip

The foregoing statements are made for the purpose of procuring a certificate of registration as an abstractor in the State of Nebraska. I understand that any false information will be sufficient reason for rejection of my application. I further understand that any false information contained in this Application may be a basis for revoking or suspending a license, if granted.

Submission of this Application will serve as an authorization to release any and all information recorded on or attached with this Application for licensing purposes to any state or federal investigative agency. Submission of this Application means as well that I expressly agree that the Nebraska Abstractors Board of Examiners reserves the right to go outside this Application for information as to my trustworthiness and competency to act as a registered abstractor in the State of Nebraska, and I hereby consent that said statements may be used as evidence by the Abstractors Board of Examiners, or in any court where a violation of the statutes of the State of Nebraska relating to abstracts of title is claimed.

_____ (Date) _____ (Signature of Applicant)

RECOMMENDATION OF APPLICANT'S EMPLOYER

I, _____, certify that I am the current employer of the above named applicant; that the applicant has completed at least one year of real estate related experience in my employ; and that said applicant is competent and trustworthy to act as an abstractor in such manner as to safeguard the interests of the public.

_____ (Date) _____ (Signature of Employer)

Applicant is required to complete three recommendations as to trustworthiness and competency, being qualified persons who are acquainted with your business background.

(At least one recommendation should be by an attorney or a real estate broker.)

RECOMMENDATION # 1

I, _____, hereby certify that I am not related to the above named applicant; that I have been personally acquainted with said applicant for the past _____ years; and that the applicant bears a good reputation for honesty and truthfulness; and that applicant is competent to act as an abstracter in such manner as to safeguard the interests of the public.

(Date) (Signature)

Business Address: _____ Occupation: _____

City: _____ State _____ Zip: _____

Telephone/Area Code: _____ Fax/Area Code: _____

RECOMMENDATION # 2

I, _____, hereby certify that I am not related to the above named applicant; that I have been personally acquainted with said applicant for the past _____ years; and that the applicant bears a good reputation for honesty and truthfulness; and that applicant is competent to act as an abstracter in such manner as to safeguard the interests of the public.

(Date) (Signature)

Business Address: _____ Occupation: _____

City: _____ State _____ Zip: _____

Telephone/Area Code: _____ Fax/Area Code: _____

RECOMMENDATION # 3

I, _____, hereby certify that I am not related to the above named applicant; that I have been personally acquainted with said applicant for the past _____ years; and that the applicant bears a good reputation for honesty and truthfulness; and that applicant is competent to act as an abstracter in such manner as to safeguard the interests of the public.

(Date) (Signature)

Business Address: _____ Occupation: _____

City: _____ State _____ Zip: _____

Telephone/Area Code: _____ Fax/Area Code: _____