



State of Nebraska
Abstracters Board of Examiners

P.O. Box 94944
Lincoln, NE 68509
Telephone (402) 471-2383

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. 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 computer 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 Number 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 Number Fax Number Cell Number E-Mail
7. Date of Birth Place of Birth
8. Are you a citizen of the Untted States? YES NO
9. Are you a resident of Nebraska? YES 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 Abstracter?  YES  NO  
If yes, state the names of states and licenses herein:
12. Has your application for license or registration for abstracter ever been rejected or your license suspended or revoked in any other 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(s) in any profession(s)?  YES  NO  
If yes, please state fully the title of the license(s) and state(s) 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 current time?  YES  NO  
If yes, give full details including dates, places, parties, disposition. (must 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 provisions of the Nebraska Abstracter's Act?  YES  NO
17. Do you understand that when you change employers you must immediately notify the Abstracter's 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 currently employed in the business of abstracting?  YES  NO  
If yes, for how long have you been so employed? \_\_\_\_\_
20. If no, have you ever been employed in the business of abstracting?  YES  NO  
If yes, for how long were you so employed? \_\_\_\_\_

21. Nature of abstracting experience:	(# of Years)	(# of Years)
Receiving and Booking Orders-	_____	Writing up District & County Court Proceedings -
Making daily takeoffs for abstract office records-	_____	Proofing Abstract Materials & Information -
Simple typing -	_____	Preparing Reports of Title-
		Signing Abstract Certificates-
<b>Courthouse Searches:</b>		
Running titles (County Clerk & Register of Deeds)-	_____	
Searching county and city tax records -	_____	
Doing 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 #

Address:

Position                                      From                      To                      City/State                                      Zip

**b. Employer.**

Contact Person

Telephone #

Address

Position                                      From                      To                      City/State                                      Zip

**c. Employer:**

Contact Person

Telephone #

Address

Position                                      From                      To                      City/State                                      Zip

**d. Employer.**

Contact Person

Telephone #

Address

Position                                      From                      To                      City/State                                      Zip

The foregoing statements are made for the purpose of procuring a certificate of registration as an abstracter 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 Abstracters Board of Examiners reserves the right to go outside this Application for information as to my trustworthiness and competency to act as a registered abstracter in the State of Nebraska, and I hereby consent that said statements may be used as evidence by the Abstracters 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)

F APPLICANT'S EMPLOYER

I, \_\_\_\_\_, certify that I am the current employer of the above named applicant; and that said applicant is competent and trustworthy to act as an abstracter 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.)

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 Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**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 Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**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 Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_