

STATE OF NEBRASKA

ABSTRACTERS BOARD OF EXAMINERS

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

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: \$400

2.	Address:			County:		City:	
	State;: Zip:Telephono			one Number:		_ Cell:	
	Fax Number:		E-N	Mail:			
	Applicant shall furnish prod	of that such	applicant is, or h	nas employed, a re	gistered abstrac	eter and shall display the Certificate o	
	Registration of each Registered Abstracter in a prominent place in the business office of Applicant.						
3.	List the names and home addresses of all Registered Abstracters employed by Applicant including Applicant, if individual:						
	Name:						
	Name:						
	Name:						
	Name:						
4.	Name: List the names and busine		(Use separate s	sheet to continue, i	f necessary.)	Nebraska who are owners, officers or	
4.	Name: List the names and busine employees of Applicant:	ess address	(Use separate s	sheet to continue, i	f necessary.) In the State of N	Nebraska who are owners, officers or	
4.	Name: List the names and busine employees of Applicant: Name	ess address	(Use separate s	sheet to continue, icensed to practiceAddress:	f necessary.) In the State of N		
4.	Name: List the names and busine employees of Applicant: Name	ess address	(Use separate s	cheet to continue, icensed to practiceAddress:	f necessary.) In the State of I	e #:	
4.	Name: List the names and busine employees of Applicant: Name Clty/State: Bar #:	ess address	(Use separate s	censed to practiceAddress:(Use separ	In the State of I	e #:	
	Name: List the names and busine employees of Applicant: Name Clty/State: Bar #:	Fax#:	(Use separate s	censed to practiceAddress:(Use separ	In the State of I	e #:	

	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 #: E-mail:							
			Title:					
Address:		City/State:	Zip:					
Telephone #:		E-mail:						
			Title:					
Address:		City/State: _	Zip:					
Telephone #:		E-mail:						
	(Use separa	te sheet to continue, if necessary	<i>y</i> .)					
7. If Applicant Is a corpo Application.	If Applicant Is a corporation, furnish the date and state of incorporation and attach a copy of Articles of Incorporation to this							
If Applicant Is partne	If Applicant Is partnership, furnish a copy of the Articles of Partnership and recorded Partnership Certtticate.							
If Applicant is a Limi	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					
		Ву:						
			Signature					
		Title:						
0								
State of Nebraska)							
) ss.							
County of)							
I,information contained	swear t	hat I have carefully read and s my knowledge and belief.	igned the Foregoing Application; and that the					
			Signature					
	Subscribed an	d sworn to before me this _	day of,					
	20							
			Notary Public					