



# OKLAHOMA ABSTRACTORS BOARD

## APPLICATION FOR CHANGE OF STATUS

**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 application must be included and completed. **WARNING:** Failure to comply with all requirements listed below could result in a delay of your application.

### **5:11-3-8. Change of employment status**

- (a) Upon change of employment, regardless of reason or place of relocation, a licensee shall **report such change to the Board within ten (10) days of the effective date of the change.**
- (b) Upon written request by the **licensee more than 30 days prior to the expiration of a licensee's license**, the Board may place a licensee on inactive status. Such status may be requested for one additional renewal period upon request and payment of the required renewal fees. The request for inactive status shall be in writing, on a form furnished by the Board.
- (c) During active military service, any licensee shall not be required to pay the fees but shall request the inactive status prior to each term for which the license is to be issued.
- (d) At any time the licensee complies with all requirements of the Oklahoma Abstractors Act, an inactive licensee may request active status, which request shall be in writing, on forms furnished by the Board.



## OKLAHOMA ABSTRACTORS BOARD

421 NW 13<sup>th</sup> Street, Suite 180  
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Phone: (405) 522-5019  
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### APPLICATION FOR CHANGE OF STATUS

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

All questions must be answered completely.

In compliance with the Oklahoma Abstractors Act, I hereby make an application for a change in the status of my 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: \_\_\_\_\_ License No. \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

#### **If requesting to be placed on inactive status:**

Last day worked: \_\_\_\_\_

4. I hereby request that my license no. \_\_\_\_\_ be placed on inactive status at this time. I understand that it will expire on the stated date on the license and that I may apply for it to be renewed for one additional renewal period upon payment of the required renewal fees. I also understand that after that one additional renewal, my license will expire and I will need to retake the Abstractor's License Test upon resuming work for a certificate of authority or permit holder.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant

**If requesting to be placed on active status:**

4. Employer (Abstract Company) \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Business Telephone (\_\_\_\_) \_\_\_\_\_ Hire Date \_\_\_\_\_

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, a federal court, or are any charges pending? Yes \_\_\_ No \_\_\_

If answer is Yes, give complete details \_\_\_\_\_

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

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

11. If you are NOT a resident of the State of Oklahoma, do you give written consent, by signing this application below, that actions, suits at law and administrative proceedings may be commenced against you in any county in this state where any cause of action may arise or be claimed to have risen out of any actions occurring as a result of alleged activities under the Act? YES NO

12. If you are NOT a resident of the State of Oklahoma, you must hereby appoint a service agent in the State of Oklahoma to receive service of summons or notice of hearing. Please list below:

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

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 STATEMENTS IN THIS APPLICATION IS CAUSE FOR REVOCATION OF LICENSE**

*To be used by Oklahoma Abstractors Board only*

1. Proper Application Fee                   Yes  No  N/A      2. Employer Check                                   Yes  No

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

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

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