State of ___________________
County of ___________________

AFFIDAVIT
(Corporation, Partnership, Limited Liability Company, Association)

I, ____________________________, being duly sworn on oath, state that I have personal knowledge of the facts contained herein, that the answers are true and correct to the best of my knowledge and belief and, if called as a witness, that I would testify as follows:

1. I am an owner, officer, director, principal, member or manager of the business entity seeking registration as a title insurance agent.

2. No owner, officer, director, principal, member, or manager of the business entity has ever been convicted or pled guilty to any felony or misdemeanor involving a crime of theft or dishonesty or any such conviction or plea of guilty has been fully disclosed to the Department.

___________________________________________
Notary Public

My commission expires _______________________

Signature Date

Subscribed and sworn to before me this _________ day
of _____________________ 20__________

(rev April 2018)
State of ___________________

County of _________________

AFFIDAVIT  
(Individual)

I, ___________________________________, being duly sworn on oath, state that I have personal knowledge of the facts contained herein, that the answers are true and correct to the best of my knowledge and belief and, if called as a witness, that I would testify as follows:

1. I am 18 years of age or older.

2. I am seeking registration as a title agent.

3. I have never been convicted or pled guilty to any felony or misdemeanor involving a crime of theft or dishonesty or any such conviction or plea of guilty has been fully disclosed to the Department.

___________________________________________
Notary Public

My commission expires _______________________