

**CeRTNA
AGENT APPLICATION**

Company Information				
Name: First		Last		Middle
Title:				
Name of Business:				Website:
Address:				
City:		State:	Zip:	Phone:
Type of Business:			In Business Since:	
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>		Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Parent Company Name:			In Business Since:	
Name of Company Principal Responsible for Business Transactions:				Title:
Address:				
City:		State:	Zip:	Phone:
BANK REFERENCES				
Institution Name:			Institution Name:	
Contact:			Contact:	
Address:			Address:	
Phone:			Phone:	
TRADE REFERENCES				
Company Name:			Company Name:	
Contact:			Contact:	
Address:			Address:	
Phone:			Phone:	
In Business with Since:			In Business with Since:	
Software Information				
Have You Developed Your Own e-Recording Software?			Name of Software:	
Which Counties/Jurisdictions are you e-recording in using this software?				
1	2	3	4	5
6	7	8	9	10

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How many years has this software been successfully e-recording in these jurisdictions?	
Estimated Number of Docs Recorded in CeRTNA Counties per year	Estimated Number of Submitters
ADDITIONAL REQUIREMENTS	
Provide proof of financial responsibility by providing a certificate of insurance evidencing an amount not less than \$1,000,000.00 (one million dollars) of general liability insurance.	
Include Processing Fee of \$200.00 when submitting application.	
On-Boarding fee, once approved = \$1500.00	