



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE, SALEM OREGON 97314

# INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR AN ANNUAL DISMANTLER CERTIFICATE (Originals and Renewals)

**OFFICE HOURS** for Business Licensing in the Salem DMV Headquarters office:  
**8:00 a.m. - 4:30 p.m., Monday through Friday, except Thursdays 9:00 am - 4:30 p.m. (closed holidays).**

**Read the entire application before completing it.** This application will be returned to you if incomplete.

**Submit your completed application and fees to:**

DMV Business Licensing

1905 Lana Ave NE

SALEM OR 97314

Phone: 503-945-5052 / Website: [www.oregondmv.com](http://www.oregondmv.com) / Email: [DMVinsert@odot.oregon.gov](mailto:DMVinsert@odot.oregon.gov)

**RENEWALS: If renewing between 15 days and 45 days AFTER your certificate expires, add a late fee of**

**\$150. When submitting your application and fees at the Business Licensing counter (1965 Lana Ave NE):**

- If paying cash, please have exact amount since Business Licensing cannot make change.
- Make copies of your application for your records.

**Legal Name** – If your business is a sole proprietorship, list your full name as the legal name. If your business is a partnership, list the full names of each partner. If your business is an LLC, list the name of the limited liability company (includes “LLC”) registered with the Office of the Oregon Secretary of State Corporation Division (Business Registry). If your business is a corporation, list the name of the corporation registered with the Oregon Business Registry.

**Business Name** – If using an assumed business name or trade name, list the business name registered with the Office of the Secretary of State Corporation Division. Otherwise, your dismantler certificate will be issued using its legal name.

**FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)** – Provide your FEIN, not your SSN. For more information go to <https://www.irs.gov>.

**Oregon Business Registry Numbers** – If you do not know or you do not have your Business Registry number(s), contact the Office of the Secretary of State Corporation Division for this information at 503-986-2200 or go to <https://sos.oregon.gov/business>.

**Main Business Location** – Business location where dismantling business is being (or will be) conducted.

**Type of Organization** – Check your organization type and if a corporation, list the state where the business is incorporated.

**National Motor Vehicle Title Information System (NMVTIS)** – Provide your NMVTIS number. To obtain a NMVTIS Reporting ID, register at <https://www.vehiclehistory.gov>.

**Description of the Location of the Dismantling Business** – To verify compliance with ORS 822.115 and 822.135, submit a plat map or other acceptable site information that clearly shows compliance with all legal requirements. You must also provide the dimensions of the property where the business is located.

**Local Government Approval** – Pursuant to ORS 822.140, an applicant must comply with any regulation established by a city or county zoning, and must obtain the approval of the city or county governing body. Take your dismantler application to the applicable city or county office for their approval; (DMV will not accept if location approval is more than 6 months old). Some cities and counties charge a fee for signing the application.

**Registered Agent** – The registered agent’s name, street address and mailing address are required, and must be consistent with the registered agent identified in the Business Registry.

**DEQ Permit Requirements** – If the dismantler business is required by the Oregon Department of Environmental Quality (DEQ) to possess any permits issued by DEQ, list the permit name(s) & number(s), and describe the permit requirements.

**Ownership/Applicant’s Certification Signature** – Provide the name, residence address, mailing address and signature of owners, partners, LLC members or corporate officers on Page 3 (do not list CEOs, Chairs of the Board, General Managers, Directors). Every owner, partner, member or officer listed on the application must provide a certifying signature. Attach (staple) copies of all listed person’s valid, government-issued photo ID to the application. The copy must be legible. If the residence address on the photo ID and on Page 3 are not the same, attach a statement explaining why they do not match.

**Bond or Letter of Credit** – The bond or letter of credit required for a dismantler certificate must be in the sum of \$100,000 and must be completed, signed and sealed by the bonding company. The owner, a partner, an LLC member or a corporate officer must sign the bond. The legal name, business name and business location on the bond must match the dismantler application. The bond must expire on the last day of the month.

**Fire Response Plan** – A fire response plan must be submitted with new and renewal applications and must contain:

- (1) Procedures for reporting an incident to emergency fire-fighting resources;
- (2) Procedures for notifying people on the premises of the protocol for reporting an incident and emergency evacuation, and alerting people on the premises to a current emergency;
- (3) A diagram or map of evacuation routes and the occupancy assembly point, with procedures for emergency evacuation;
- (4) A diagram or map of the routes of fire department vehicle access; and
- (5) A diagram or map of fire hydrant locations, if any, at or within 500 feet of the dismantler’s premises (wrecking yard).

**Supplemental Location Using the Same Business Name** – A separate supplemental application (Form 735-373A) must be completed for each additional location where you operate the dismantler business. You must conduct business at each supplemental location under the same name as the primary location, which includes obtaining the local government’s approval for the supplemental location.

**Renewal Application Requirement** – In addition to the application requirements for initial application, a renewal application must also include a copy of the local fire inspector’s report based on an inspection of the applicant’s business premises conducted within 12 months preceding the expiration date of the current dismantler certificate for each business location (supplemental location(s) and main location).

## ADDITIONAL INFORMATION

**CHANGING YOUR BUSINESS NAME** – You need to file a correction application (Form 735-373B) with Business Licensing before you conduct dismantler business using a new name. The correction application needs to be signed by an owner, partner, LLC member, or corporate officer and include a bond rider from your bonding company.

- Contact the Oregon Secretary of State Corporation Division at 503-986-2200 or <https://sos.oregon.gov/business> to change your business name (update Business Registry information).
- There is no fee for a name change.

**CHANGING YOUR BUSINESS LOCATION** – If you move your dismantler business location, you need to file a correction application (Form 735-373B) with DMV **before** you conduct dismantler business at the new location. The correction application needs to be signed by an owner, partner, LLC member, or corporate officer and include:

- Location approval from the city or county;
- A bond rider from your bonding company; and
- A plat map or description of the location of the premises; and
- Information for any required DEQ Permits;
- Fire response plan;
- There is no fee for a location change.

**CHANGING YOUR BUSINESS NAME AND LOCATION** – You need to file a correction application (Form 735-373B) with the Business Licensing Unit if you change your business name **AND** location. The correction application needs to be signed by an owner, partner, LLC member, or corporate officer and include:

- Location approval from the city or county;
- A bond rider from your bonding company;
- A plat map or description of the location of the premises; and
- Contact the Secretary of State Corporation Division at 503-986-2200 or <https://sos.oregon.gov/business> to change your business name.
- Information for any required DEQ Permits;
- Fire response plan;
- There is no fee required.

**OTHER CHANGES** – You need to file a correction application (Form 735-373B) with DMV if you add or remove a partner, LLC member or corporate officer or change your ownership structure (e.g., individual to partners, partners to corporation, LLC to corporation, etc.). The correction application needs to be signed by an owner, partner, LLC member, or corporate officer (including all new owners, partners, LLC members or corporate officers being added or removed) and include:

- A bond rider from your bonding company;
- A copy of a valid government-issued photo ID for any owner/partner/member additions to the business.
- There is no fee required.

**SUPPLEMENTAL CERTIFICATE** – A supplemental business certificate is required for each additional location where you conduct dismantler business. The supplemental location **must** use the same business name as the primary location. A supplemental application must be filed with DMV **before** you conduct dismantler business at the additional location. The supplemental application (Form 735-373A) must be signed by an owner, partner, LLC member, or corporate officer and include:

- Location approval from the city or county;
- A plat map or description of the location of the premises;
- An endorsement from your bonding company (you may attach a rider);
- Information for any required DEQ Permits;
- Fire response plan; and
- A fee of \$500.

**DUPLICATE CERTIFICATE** – If you need a duplicate dismantler certificate issued, contact Business Licensing. The fee is \$40.

**If you have any questions, please contact Business Licensing at 503-945-5052.**



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DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE, SALEM OREGON 97314

# APPLICATION FOR ANNUAL BUSINESS CERTIFICATE

AS A DISMANTLER OF MOTOR VEHICLES OR SALVAGE POOL OPERATOR

**FEE: \$500**

CERTIFICATE NUMBER

EFFECTIVE DATE

EXPIRATION DATE

- PLEASE TYPE OR PRINT LEGIBLY WITH INK.
- ANY ALTERATION OF LINE 3 VOIDS LOCATION APPROVAL!

ORIGINAL  RENEWAL

|   |   |                                   |  |
|---|---|-----------------------------------|--|
| 1 | LEGAL NAME OF APPLICANT (OWNER, PARTNERSHIP, LLC OR CORPORATION NAME) | FEDERAL EMPLOYEE ID NUMBER (FEIN) | OREGON REGISTRY NUMBER (IF LLC OR CORPORATION) |
|---|---|-----------------------------------|--|

|   |   |   |                        |
|---|---|---|------------------------|
| 2 | BUSINESS NAME OF APPLICANT (IF ASSUMED BUSINESS NAME OR TRADE NAME) | OREGON REGISTRY NUMBER (IF USING ASSUMED BUSINESS NAME OR TRADE NAME) | BUSINESS TELEPHONE ( ) |
|---|---|---|------------------------|

|   |  |      |          |        |
|---|--|------|----------|--------|
| 3 | MAIN BUSINESS LOCATION (STREET AND NUMBER) | CITY | ZIP CODE | COUNTY |
|---|--|------|----------|--------|

|   |                 |      |       |          |                |
|---|-----------------|------|-------|----------|----------------|
| 4 | MAILING ADDRESS | CITY | STATE | ZIP CODE | BUSINESS EMAIL |
|---|-----------------|------|-------|----------|----------------|

5 CHECK ORGANIZATION TYPE:  Individual  Partnership  LLC  Corporation: If corporation, list the state where the business is incorporated: \_\_\_\_\_

|   |                              |                      |
|---|------------------------------|----------------------|
| 6 | OREGON REGISTERED AGENT NAME | TELEPHONE NUMBER ( ) |
|---|------------------------------|----------------------|

|   |  |      |       |          |
|---|--|------|-------|----------|
| 7 | OREGON REGISTERED AGENT STREET ADDRESS | CITY | STATE | ZIP CODE |
|---|--|------|-------|----------|

|   |  |      |       |          |
|---|--|------|-------|----------|
| 8 | OREGON REGISTERED AGENT MAILING ADDRESS (IF DIFFERENT) | CITY | STATE | ZIP CODE |
|---|--|------|-------|----------|

9 National Motor Vehicle Title Information System (NMVTIS) number **REQUIRED:**

10 a) THE DIMENSIONS OF THE PROPERTY ON WHICH THE BUSINESS IS LOCATED ARE \_\_\_\_\_ ft. X \_\_\_\_\_ ft.  
 b) ORS 822.115(4) requires applicants to file a **description of the location** of the dismantling yard. Accordingly, please submit a plat map or other description of the location of the premises.

## 11 LOCAL GOVERNMENT APPROVAL (CITY / COUNTY)

THE CERTIFICATION BELOW IS TO BE COMPLETED BY THE LOCAL ZONING OFFICIAL.

By signing this application you are authorizing a dismantler business to be conducted at the location listed on Line 3 of this application. **If a dismantler business cannot be conducted at this location, do not sign this approval.**

I represent an incorporated city with a population of 100,000 or more.

By signing on Line 13, I certify that pursuant to ORS 822.110(1)(a) the address listed as the place of business for use in the motor vehicle dismantling business is zoned for industrial use or subject to another zoning classification that permits the type of business conducted by the dismantler.

I represent a county, or an incorporated city with a population of less than 100,000.

By signing on Line 13, I certify the following:

THAT THE GOVERNING BODY OF THE  CITY  COUNTY OF \_\_\_\_\_ HAS:

- A) APPROVED THE APPLICANT AS BEING SUITABLE TO ESTABLISH, MAINTAIN OR OPERATE A MOTOR VEHICLE DISMANTLING BUSINESS (ORIGINAL APPLICATIONS ONLY).
- B) DETERMINED THAT THE LOCATION OR PROPOSED LOCATION MEETS THE REQUIREMENTS FOR THAT LOCATION UNDER ORS 822.110.
- C) DETERMINED THAT THE LOCATION DOES NOT VIOLATE ANY APPLICABLE PROVISION OF ORS 822.135.
- D) APPROVED THE LOCATION AND DETERMINED THAT THE LOCATION COMPLIES WITH ANY REGULATIONS ADOPTED BY THE JURISDICTION UNDER ORS 822.140.

Restrictions on the location approval are in an attached letter from the zoning authority.

▼ PLACE STAMP OR SEAL HERE ▼

**I ALSO CERTIFY THAT I AM AUTHORIZED TO SIGN THIS APPLICATION AND AS EVIDENCE OF SUCH AUTHORITY DO AFFIX HEREON THE SEAL OR STAMP OF THE CITY OR COUNTY.**

|    |                             |       |                  |
|----|-----------------------------|-------|------------------|
| 12 | NAME OF GOVERNMENT OFFICIAL | TITLE | PHONE NUMBER ( ) |
|----|-----------------------------|-------|------------------|

|    |                                    |      |
|----|------------------------------------|------|
| 13 | SIGNATURE OF GOVERNMENT OFFICIAL X | DATE |
|----|------------------------------------|------|

**14 PRINCIPAL(S) DISMANTLER HISTORY**

Information on the principals of this business is required under Oregon Revised Statutes (ORS) 822.115.

OAR 735-152-0000(19) defines principal as "any owner of a partnership, corporate officer, proprietor of a sole proprietorship, LLC member, or other person who controls the business entity.

**Please provide the following information about all owners listed on this application and other principal(s) of the business:**

**15** Has any principal of this dismantler business been financially or operationally involved in **any jurisdiction**, including Oregon, with a vehicle dismantler business whose certificate or right to apply for a certificate was **revoked** or is **currently suspended**?

NO  YES, revoked currently suspended. If "YES," complete Section 16.

|                                       |                                 |                                 |                          |
|---------------------------------------|---------------------------------|---------------------------------|--------------------------|
| <b>16</b> NAME OF DISMANTLER BUSINESS |                                 | PRINCIPAL'S NAME                |                          |
| DISMANTLER CERTIFICATE NUMBER         | STATE WHERE SUSPENDED / REVOKED | DATE OF SUSPENSION / REVOCATION | EXPIRATION OF SUSPENSION |

**17** Have you ever been an owner or principal on a vehicle dismantler certificate in Oregon (excluding current application)?  
 NO  YES: If "YES," complete Section 18.

|                                       |  |                  |  |
|---------------------------------------|--|------------------|--|
| <b>18</b> NAME OF DISMANTLER BUSINESS |  | PRINCIPAL'S NAME |  |
| DISMANTLER CERTIFICATE NUMBER         |  |                  |  |

**BUSINESS LOCATION INFORMATION:**

**19** Property is (check one):  OWNED  LEASED / RENTED: LEASE OR RENTAL PERIOD: \_\_\_\_\_  
If property is "Leased / Rented" complete the following:

|                                      |      |                         |          |
|--------------------------------------|------|-------------------------|----------|
| <b>20</b> PROPERTY OWNER'S FULL NAME |      | TELEPHONE NUMBER<br>( ) |          |
| <b>21</b> PROPERTY OWNER'S ADDRESS   | CITY | STATE                   | ZIP CODE |

**APPLICANT:**

**By signing this application you are certifying that:**

1. The right-of-way of any highway adjacent to the area proposed for approval to conduct the dismantling business is approved and used for access to the premises and public parking;
2. Except on interstate or primary highways within a zoned area allowing wrecking yards and dismantling businesses, you maintain a building or enclosure or other barrier to a height of six feet for the purpose of conducting business;
3. You will not store any vehicles or vehicle parts or conduct the dismantling business outside of the building, enclosure or barrier;
4. The business is hidden or adequately screened by the terrain or other natural objects, plantings, fences or other appropriate means so as not to be visible from the main traveled way of the highway except as permitted by ORS 822.135 and OAR 734-040-0030.

**False certification is a Class B misdemeanor under ORS 162.085 and is punishable by six months in jail, a fine of up to \$2,500 or both. In addition, civil penalties and DMV sanctions against you or your dismantler certificate may be imposed. I certify that I am the owner, a partner, an LLC member, or a corporate officer of this business and that all information on this application is accurate and true. Complete the section(s) below and sign.**

**Complete the section(s) below and sign.**  
(Be sure to attach a separate sheet to show additional owners.)

- List the primary owner, partners, LLC members or corporate officers below.
- If a member of a limited liability company (LLC) is a corporation, the president must provide information below.
- If a partner of a partnership is a corporation, the president must provide information below.
- If a corporation or LLC, then Oregon registered agent name and address required below.

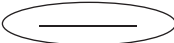

# OWNERSHIP INFORMATION

|    |  |                       |                   |                         |          |
|----|--|-----------------------|-------------------|-------------------------|----------|
| 22 | PRINT NAME OF OWNER / PARTNER / LLC MEMBER / CORPORATE OFFICER       |                       | TITLE             | TELEPHONE NUMBER<br>( ) |          |
| 23 | DATE OF BIRTH  | DRIVER LICENSE NUMBER | STATE OF ISSUANCE | EMAIL                   |          |
| 24 | RESIDENCE ADDRESS  |                       | CITY              | STATE                   | ZIP CODE |
| 25 | MAILING ADDRESS (IF DIFFERENT)                                       |                       | CITY              | STATE                   | ZIP CODE |
| 26 | CERTIFYING SIGNATURE OF PRINCIPAL SHOWN ON LINE 22 ABOVE<br><b>X</b> |                       |                   | DATE                    |          |
| 27 | PRINT NAME OF OWNER / PARTNER / LLC MEMBER / CORPORATE OFFICER       |                       | TITLE             | TELEPHONE NUMBER<br>( ) |          |
| 28 | DATE OF BIRTH  | DRIVER LICENSE NUMBER | STATE OF ISSUANCE | EMAIL                   |          |
| 29 | RESIDENCE ADDRESS  |                       | CITY              | STATE                   | ZIP CODE |
| 30 | MAILING ADDRESS (IF DIFFERENT)                                       |                       | CITY              | STATE                   | ZIP CODE |
| 31 | CERTIFYING SIGNATURE OF PRINCIPAL SHOWN ON LINE 27 ABOVE<br><b>X</b> |                       |                   | DATE                    |          |
| 32 | PRINT NAME OF OWNER / PARTNER / LLC MEMBER / CORPORATE OFFICER       |                       | TITLE             | TELEPHONE NUMBER<br>( ) |          |
| 33 | DATE OF BIRTH  | DRIVER LICENSE NUMBER | STATE OF ISSUANCE | EMAIL                   |          |
| 34 | RESIDENCE ADDRESS  |                       | CITY              | STATE                   | ZIP CODE |
| 35 | MAILING ADDRESS (IF DIFFERENT)                                       |                       | CITY              | STATE                   | ZIP CODE |
| 36 | CERTIFYING SIGNATURE OF PRINCIPAL SHOWN ON LINE 32 ABOVE<br><b>X</b> |                       |                   | DATE                    |          |

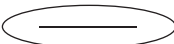
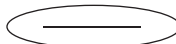
37 Are there any applicable permits required by Oregon Department of Environmental Quality (DEQ)?  
 NO       YES: If "YES," complete Section 38.

|  |                              |               |                    |
|--|------------------------------|---------------|--------------------|
| 38   | DEQ PERMIT TITLE / NUMBER(S) | DATE OF ISSUE | DATE OF EXPIRATION |
| REQUIREMENTS PERTAINING TO DISMANTLER BUSINESS OR PREMISES (ATTACH A SEPARATE PAGE FOR DESCRIPTION AND/OR ADDITIONAL PERMITS IF NECESSARY) |                              |               |                    |


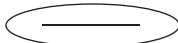
39 **Attach (staple) copies of ALL owners, partners, LLC members or corporate officers' valid government photo IDs (driver license or state issued identification card ONLY). If the residence address on the photo ID is different than the residence address listed on the application, submit a statement explaining why the addresses do not match.**

 **Copy must be legible.** 

40 **Fire Response Plan Required** - Attach a fire response plan as described in the instructions.

41 **Fire Inspection Report Required:** - Attach a copy of the fire inspector's report which is based on an inspection of the business premises. Inspection cannot have occurred more than one year before renewal date. New and renewing dismantler applications must provide a fire inspection report within 90 days after being issued an original or renewed dismantler certificate. A fire inspection report must be submitted for all approved business locations - main and supplemental locations.

# SURETY BOND

▼ BOND NUMBER ▼

**NOTE:** TO BE COMPLETED BY BONDING COMPANY. FAILURE TO ACCURATELY COMPLETE THIS FORM WILL CAUSE DELAY. PLEASE TYPE OR PRINT LEGIBLY WITH INK.

**LET IT BE KNOWN:**

THAT \_\_\_\_\_  
(INDIVIDUAL NAME OF OWNER, ALL PARTNERS OR MEMBERS, OR NAME OF CORPORATION)

DOING BUSINESS AS \_\_\_\_\_  
(BUSINESS NAME AS GIVEN ON THE CERTIFICATE APPLICATION)

HAVING PRINCIPAL PLACE OF BUSINESS AT \_\_\_\_\_  
(ADDRESS, CITY, STATE, ZIP CODE)

WITH ADDITIONAL PLACES OF BUSINESS AT \_\_\_\_\_  
(ADDRESS, CITY, STATE, ZIP CODE)

\_\_\_\_\_ (ADDRESS, CITY, STATE, ZIP CODE)

STATE OF OREGON, AS PRINCIPAL(S), AND \_\_\_\_\_  
(SURETY NAME)

\_\_\_\_\_ (ADDRESS, CITY, STATE, ZIP CODE)      (      )  
TELEPHONE NUMBER

A CORPORATION ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF \_\_\_\_\_, AND AUTHORIZED TO TRANSACT A SURETY BUSINESS IN THE STATE OF OREGON, AS SURETY, ARE HELD AND FIRMLY BOUND UNTO THE STATE OF OREGON IN THE PENAL SUM OF \$100,000 FOR THE PAYMENT OF WHICH THE PRINCIPAL(S) AND SURETY JOINTLY AND SEVERALLY BIND THEMSELVES, THEIR RESPECTIVE SUCCESSORS, AND ASSIGNS.

WHEREAS, THE PRINCIPAL(S) IS APPLYING FOR A DISMANTLER CERTIFICATE ISSUED BY THE OREGON DEPARTMENT OF TRANSPORTATION.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT, WHEN THE ABOVE-NAMED PRINCIPAL(S) IS ISSUED A DISMANTLER CERTIFICATE TO CONDUCT A MOTOR VEHICLE DISMANTLING BUSINESS IN THIS STATE, SAID PRINCIPAL(S) MUST CONDUCT SUCH BUSINESS WITHOUT FRAUD OR FRAUDULENT REPRESENTATION, AND WITHOUT VIOLATION OF ANY OF THE PROVISIONS OF THE OREGON VEHICLE CODE SPECIFIED IN ORS 822.120, THEN AND IN THAT EVENT THIS OBLIGATION TO BE VOID, OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT UNLESS CANCELED PURSUANT TO ORS 742.366(2).

THIS BOND IS EFFECTIVE AS OF THE DATE THE PRINCIPAL(S) IS ISSUED A DISMANTLER CERTIFICATE BY THE OREGON DEPARTMENT OF TRANSPORTATION UNTIL DEPLETED BY CLAIMS PAID, UNLESS THE SURETY SOONER CANCELS THE BOND. THIS BOND MAY BE CANCELED BY THE SURETY GIVING WRITTEN NOTICE OF SUCH CANCELLATION TO THE DRIVER AND MOTOR VEHICLE SERVICES DIVISION OF THE OREGON DEPARTMENT OF TRANSPORTATION. THIS BOND SHALL EXPIRE UPON EXPIRATION OF THE DISMANTLER CERTIFICATE, BUT MAY BE RENEWED UPON THE RENEWAL OF THE CERTIFICATE.

THIS BOND SHALL BE ONE CONTINUOUS OBLIGATION AND THE LIABILITY OF THE SURETY SHALL BE LIMITED TO THE AMOUNT OF THE PENALTY OF THIS BOND REGARDLESS OF WHETHER THIS BOND IS RENEWED OR OTHERWISE CONTINUED IN EFFECT UPON ITS ORIGINAL TERM.

THIS BOND IS EFFECTIVE \_\_\_\_\_ AND EXPIRES \_\_\_\_\_ . ( BOND MUST EXPIRE ON THE LAST DAY OF THE MONTH )  
(MONTH, DAY, YEAR) (MONTH, DAY, YEAR)

**-- ANY ALTERATION VOIDS THIS BOND --**

IN WITNESS WHEREOF, THE SAID PRINCIPAL(S) AND SAID SURETY HAVE EACH CAUSED THESE PRESENTS TO BE EXECUTED BY ITS AUTHORIZED REPRESENTATIVE OR REPRESENTATIVES AND THE SURETY CORPORATE SEAL TO BE HEREUNTO AFFIXED

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ , \_\_\_\_\_ .  
(DAY) (MONTH) (YEAR)

|   |       |
|---|-------|
| SIGNATURE (OWNER/PARTNER/MEMBER OR CORPORATE OFFICER)<br><b>X</b> | TITLE |
| SIGNATURE OF SURETY (AUTHORIZED REPRESENTATIVE)<br><b>X</b>       | TITLE |

|   |                                |
|---|--------------------------------|
| <b>SURETY'S AGENT OR REPRESENTATIVE MUST COMPLETE THIS SECTION:</b> | <b>PLACE SURETY SEAL BELOW</b> |
| IN THE EVENT A PROBLEM ARISES CONCERNING THIS BOND, CONTACT:        |                                |
| NAME _____ TELEPHONE NUMBER _____                                   |                                |
| ADDRESS _____   |                                |
| CITY, STATE, ZIP CODE _____   |                                |
| APPROVED BY ATTORNEY GENERAL'S OFFICE                               |                                |