OREGON DEPARTMENT OF TRANSPORTATION
COMMERCE AND COMPLIANCE DIVISION
455 AIRPORT ROAD SE BUILDING A
SALEM OR 97301

RESET

PRINT

AGENCY USE ONLY
PERMANENT RECORD

FILE _____
BOND CO _____
R__HP__B __COR__CDP__
DATE _____

HIGHWAY USE TAX BOND

(SEE INSTRUCTIONS ON REVERSE)

BOND: _____

This bond is executed under ORS Chapter 825 to assure payment of fees, taxes, interest and penalties imposed upon a carrier under ORS Chapter 825.

That _____

_____

Doing Business As _____ Principal,

Address _____

And _____ Bond Company,

Address _____

As Surety, a corporation transacting surety insurance in the State of Oregon, jointly and severally agree to pay the State of Oregon, the sum of

_____ Dollars ($_____)

This bond is the unconditional promise to pay the above sum to the State of Oregon for all fees, taxes, charges, interest and penalties now due, and to become due, from the principal pursuant to ORS Chapters 825 and 818.225 until this bond is canceled as provided by law. A fee, tax, charge, interest or penalty is now due, within the meaning of this paragraph, even if this existence is first revealed by an audit completed after the date of this bond.

If the above-named principal shall well and truly comply with all the provisions of said act and any amendments thereto and in particular pay all amounts now due and which become due under said act, this obligation shall be null and void. Otherwise, it shall remain in full force and effect.

Notwithstanding cancellation of this bond by operation of contract or by operation of law, any amount due to the State of Oregon under this bond shall bear interest at the rate of one percent per month from thirty (30) days after the State of Oregon demands payment until paid.

Dated: _____ , _____ .

SURETY	PRINCIPAL
Name _____	Signature _____
Attorney in Fact _____	Title _____
Address _____	Signature _____
City, St, Zip _____	Title _____
Mail Claims To: _____	Signature _____
Address _____	Title _____
City, St, Zip _____	Signature _____
Telephone No. _____	Title _____
Agent's Name _____	Address _____
Address _____	City, St, Zip _____
City, St, Zip _____	
Telephone _____	SURETY SEAL

INSTRUCTIONS FOR COMPLETING THE HIGHWAY USE TAX BOND FORM

BOND NUMBER

A bond number must be assigned to each bond. Two bonds issued by the same company may not have the same number.

NAME OF MOTOR CARRIER (PRINCIPAL)

If a change of ownership has occurred, a NEW bond must be filed; a rider is unacceptable.

(Individual)
The complete legal name must appear on the bond. If the individual does not have a middle name, use "NMN". Also include the business name the individual is "doing business as".

(Partnership)
Complete names of all partners must appear on the bond in addition to the "doing business as" name. If a husband and wife have registered with the Commerce and Compliance Division (CCD) as a partnership, the bond must be made out with both names.

(Corporation)
Show the corporate name appearing on the certificate of good standing issued by the Oregon Corporation Division or Secretary of State of another state. An individual cannot do business as a corporation.

SURETY COMPANY AND ADDRESS

The insurance company must be licensed to do business in Oregon. Questions may be directed to (503) 378-4823.

AMOUNT

The Principal has been notified of the amount required and a lesser amount is unacceptable.

DATE
The date reflects the date the form is executed and CANNOT CONTAIN AN EFFECTIVE DATE.

SIGNATURES, TITLES, AND ADDRESSES

Surety name and address and Attorney-in-Fact signatures must appear. The agent name and address is also necessary if applicable. The Principal signature and title are also required. If a partnership, all partners must sign. Only one officer signature is required for a corporation.

SEAL

Affix surety seal in the space provided.

IMPROPER COMPLETION OF THIS FORM MAY RESULT IN SUSPENSION OR DENIAL OF MOTOR CARRIER OPERATING AUTHORITY. IF YOU HAVE QUESTIONS CONCERNING ANY REQUIREMENT, PLEASE CONTACT THE CCD BOND DEPARTMENT AT (503) 378-4823 PRIOR TO COMPLETING THE FORM.