



# OREGON IGNITION INTERLOCK DEVICE OVERSIGHT PROGRAM SURETY BOND



BOND NUMBER

This form is to be completed by the bonding company. This form may be completed and signed electronically.

## Section 1 – Corporation (as principal[s])

INDIVIDUAL NAME OF OWNER, ALL PARTNERS OR MEMBERS, OR CORPORATION NAME		DOING BUSINESS AS (BUSINESS NAME AS GIVEN ON CERTIFICATE APPLICATION)	
ADDRESS OF PRINCIPAL PLACE OF BUSINESS	CITY	STATE	ZIP
ADDRESS OF ADDITIONAL PLACE OF BUSINESS	CITY	STATE	ZIP

## Section 2 - Surety

SURETY NAME		PHONE	
ADDRESS	CITY	STATE	ZIP

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 to the State of Oregon in the penal sum of \$100,000.00 for each year the ignition interlock device is qualified for use in the Ignition Interlock Device Oversight Program, 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 ignition interlock device qualification by the Oregon Department of State Police; The condition of this obligation is such that when the above named principal(s) is issued an ignition interlock device qualification to conduct, in this State, a business as an Ignition Interlock Device Manufacturer's Representative, said principal(s) shall conduct such business without fraud or fraudulent representation, and without violation of any of the provisions of the Oregon vehicle code specified in ORS 813.660(3), then and in that event this obligation to be void, otherwise to remain in full force.

This bond shall become effective as of the date the Oregon Department of State Police - Ignition Interlock Device Oversight Program approves the Application for Device Qualification for the Manufacturer's Representative's applicable ignition interlock device. This bond shall be deemed continuous in form and remain in effect for the entire period for which the ignition interlock device is qualified in the state until depleted by claims paid.

This bond shall be one continuing 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 beyond the original certification period, irrespective of the number of years it is in effect.

This bond is effective \_\_\_\_\_. **Any alteration voids this bond.**

In witness whereof, the said principal(s) and said surety have each executed this bond by its authorized representatives and have affixed the surety corporate seal hereunto this date: \_\_\_\_\_.  
MONTH / DAY / YEAR

CORPORATION OWNER/ PARTNER/ MEMBER NAME	TITLE	SIGNATURE	DATE
SURETY REPRESENTATIVE NAME	TITLE	SIGNATURE	DATE

### Surety's agent or representative must complete this section:

In the event of a problem concerning this bond, contact:		PLACE SURETY SEAL BELOW	
NAME	PHONE		
ADDRESS			
CITY	STATE ZIP		