

**Bond**

Use this form when a bond is required for licensing.

When completed send this form to:

**Master License Service  
Department of Licensing  
PO Box 9034  
Olympia WA 98504-9034**

Type of bond (Check one)  Vehicle  Vessel  Registered Tow Truck Operator  Wrecker

**Business information**

Bond number	
Legal entity name and Doing Business As (DBA) name	
City of business location	State

**Bonding agent information**

Name of bonding company		
Address		
City	State	Zip +4
(Area code) telephone number		

The bonding company organized and existing under the laws of the state of \_\_\_\_\_ and authorized to transact business in the state of Washington, as surety, are held and firmly bound to a bond in the amount of \_\_\_\_\_ to be paid to the state of Washington. The conditions the principal, bonding company and the state of Washington agree to by taking out this bond are as follows:

1. As a precondition to receiving and maintaining a license, the license holder must keep this bond in full force and effect. If any cancellation, revocation, or withdrawal by the surety/bonding company occurs, or if the entire bond amount is exhausted, the department will terminate the license until such time as a new bond for \_\_\_\_\_ is provided to the state of Washington with no lapse in coverage.
2. The bond shall become effective, \_\_\_\_\_ 20 \_\_\_\_, and is intended to cover any subsequent periods for which the Dealer and Manufacturer Services section may issue a license to the principal. This bond is to be accepted as a continuing obligation until canceled by the surety with thirty (30) days written notice of cancellation received by the Department of Licensing of the state of Washington, in accordance with the provisions of the Revised Code of Washington.

The Department will only accept an original, signed bond document, no copies or faxes. By signing this document you affirm that it is an original.

Bonding company seal  
(Required)

**X**  
Signature of owner / Each partner / corporate officer / member / manager of LLC

\_\_\_\_\_  
Date

**X**  
Signature of Attorney in Fact

\_\_\_\_\_  
Date