

## Private Investigative Agency Surety Bond

Department of Licensing PO Box 9649 Olympia, WA 98507-9649

Bond number  Know all persons by these presents: That	
Agency name as Principal, at the following address	and
State of Washington in the sum of ten thousand ( to be paid to the said State of Washington, for w	aws of the State of
Investigative Agency license by Business and Probusiness of a Private Investigative Agency within	t: Whereas, the said principal has made application for a Private ofessions Division of the State of Washington for carrying on the the State of Washington; and is required by Title 18 RCW, Laws in thousand (10,000.00) Dollars with good and sufficient surety.
of Washington and with all rules and regulations state pursuant to the provisions of Title 18 RCW against Principal by reason of violation of Title 18 I	with all the provisions of Title 18 RCW, Laws of 1991 of the State adopted by the Director of the Department of Licensing, of said Laws of 1991, and will pay all amounts that may be adjudged RCW, Laws of 1991, or any rules or regulations adopted pursuants a Private Investigative Agency then the above obligation shale and effect.
or his/her agent of Title 18 RCW, Laws of 1991 o	st Principal for damage as a result of any violation by Principa r any rules or regulations adopted pursuant thereto may bring a unty in which Principal's business is located, or of any county in
exceed the penal sum of this bond. Provided fur ten days prior to the cancellation of this bond, alc shall be approved unless it expressly provides the cancellation or termination, whether because of e	he Surety hereunder for any and all claims presented shall not ther: That Business and Professions Divisions shall be notified ong with the reason for cancellation or termination. No bond filed at it will be effective for one year following the effective date of its expiration, suspension, or revocation of the license, or otherwise emissions of the licensee occurring on, or prior to, the effective
In witness whereof, the said Principal and the sa	id Surety have affixed their hands and seal this
day of	·
Signature of Principal	Surety
	Name
	Attorney-in-Fact
(Surety Seal)	Agency name

Resident agent \_\_\_\_\_

Address \_\_\_\_\_