



ALABAMA DEPARTMENT OF REVENUE
BUSINESS & LICENSE TAX DIVISION
SEVERANCE & LICENSE SECTION

Bond of Automotive Dismantler and Parts Recycler

KNOW ALL MEN BY THESE PRESENTS, that we \_\_\_\_\_

City \_\_\_\_\_, County \_\_\_\_\_, State \_\_\_\_\_,

As Principal (hereinafter called Principal), and \_\_\_\_\_

NAME OF SURETY

of \_\_\_\_\_, as Surety (hereinafter called Surety), are held and firmly bound unto the State of Alabama in the sum of Ten Thousand Dollars (\$10,000.00), for payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

The condition of the foregoing obligation is such that:

WHEREAS, the Principal has been duly licensed as an "automotive dismantler and parts recycler" by the Alabama Department of Revenue as provided for in the Sections 40-12-410 through 40-12-425, Code of Alabama 1975, subject to the execution of this bond.

NOW THEREFORE, in consideration of the Premise:

If the aforesaid Principal shall well and faithfully perform the duties as such "automotive dismantler and parts recycler," then this obligation shall be null and void; otherwise, the same shall remain in full force and effect.

It is expressly understood and agreed that neither this obligation nor any liability thereunder shall be released or the validity thereof affected by reason of the adoption by the State of Alabama of any Act in lieu of or amendatory to said laws, but this obligation shall continue in full force and effect with respect to said statutes or any amendments thereto or changes therein which may be adopted before the cancellation of this obligation as herein provided, or before the actual cancellation and surrender of this obligation by the State of Alabama pursuant to any law now existing or hereafter adopted relating thereto.

The Surety on this bond may be released and discharged from any and all liability to the State of Alabama accruing on this bond after the expiration of sixty (60) days from the date upon which said Surety shall have filed with the Alabama Department of Revenue written request to be released and discharged; provided, however, such request shall not operate to relieve, release, or discharge such Surety from any liability already accrued or which shall accrue before the expiration of said sixty-day (60) period.

IN WITNESS WHEREOF, we hereunto set our names and seals on this date \_\_\_\_\_.

NAME OF SURETY COMPANY SIGNATURE OF PRINCIPAL, PARTNER, MEMBER, OR CORPORATE OFFICER (TYPE OR PRINT NAME)

By: SIGNATURE OF AGENT OF SURETY COMPANY SIGNATURE OF PARTNER/MEMBER (TYPE OR PRINT NAME)

Telephone ( ) SIGNATURE OF PARTNER/MEMBER (TYPE OR PRINT NAME)

COMMISSIONER OF REVENUE SIGNATURE OF PARTNER/MEMBER (TYPE OR PRINT NAME)

\* ALL NAMES MUST BE TYPED UNDER SIGNATURES \*
(See Back For Special Instructions)

## Bond Form Instructions

The surety company must complete all bonds on the form prescribed by the Alabama Department of Revenue.

### Completion of The Bond:

- ◆ The bond must include the true legal name of the party for whom the bond is being sought, as follows:
  - If an individual ownership, the applicant's name as well as the business name;  
*Example: John Doe, DBA ABC Auto Sales*
  - If a partnership, the names of all partners and the name of the partnership;  
*Example: John Doe & Jane Doe, DBA ABC Auto Sales*
  - If a limited liability company, the true legal name of company;  
*Example: AAA Auto Sales LLC*
  - If a corporation, the complete corporate name.
- ◆ The bond must also show the following:
  - The city, county and state in which the business is located;
  - The name and address of the surety company providing the coverage;
  - The issue date of the bond;
  - The telephone number of the agent.

### Signature Section Requirements:

- ◆ All signatures must be originals.
- ◆ The bond must include the signatures of the following:
  - The signature of the surety company agent;
  - The signature of the applicant (individual owner), **all** partners, **all** LLC members, or a corporate officer. In some cases one member may be able to sign for a Limited Liability Company. See the enclosed authorization form for details.
- ◆ Type or print the name of the person(s) signing the form.

### Power of Attorney Requirements:

- ◆ An original power of attorney form indicating that the agent is authorized to execute the bond on behalf of the surety company must accompany the bond.
- ◆ The power of attorney must have the same date as that on the bond.

*All required documents should be mailed to:*

Alabama Department of Revenue  
Business & License Tax Division  
Severance & License Section  
PO Box 327550  
Montgomery, AL 36132-7550

*Telephone: (334) 353-7827*

Any bond or power of attorney received separately from application will be returned to sender.

The bond form must be an original with original signatures. No facsimiles, photocopies, letters or phone calls are acceptable substitutes for the original bond.

Bond forms change; this is for educational purposes only.

# INTEGRITY SURETY BOND APPLICATION

AGENCY NAME: \_\_\_\_\_ AGENCY CONTACT \_\_\_\_\_  
 AGENCY PHONE: \_\_\_\_\_ AGENCY FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 AGENCY ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT?** \_\_\_\_\_

**NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND?** \_\_\_\_\_

**SECTION I: BOND APPLIED FOR:**

TYPE OF BOND: \_\_\_\_\_ EFF.DATE: \_\_\_\_\_ EXP.DATE: \_\_\_\_\_  
 TYPE OF COMPANY CORP  LLC  DBA  PARTNERSHIP  AMOUNT: \_\_\_\_\_  
 OBLIGEE: \_\_\_\_\_  
 OBLIGEE ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**SECTION II: GENERAL INFORMATION**

APPLICANT'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 BUSINESS NAME: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_ Client E-mail \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 DATE BUSINESS BEGAN UNDER CURRENT NAME: \_\_\_\_\_ BUSINESS TAX ID: \_\_\_\_\_  
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES  NO  DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES  NO   
 HAS APPLICANT EVER FAILED IN BUSINESS? YES  NO  HAS APPLICANT EVER FILED BANKRUPTCY? YES  NO

**IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER:**

**SECTION III: ADDITIONAL OWNERS / PARTNERS**

APPLICANT'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**STATEMENT OF ASSETS & LIABILITIES AS OF \_\_\_\_\_**

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
NAME OF OWNERS	NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP	

Completion of this form constitutes permission to obtain consumer information which will be used to determine bonding eligibility This information will be held in the strictest confidence no premium financing will be accepted as premium is earned in full.

**Integrity Bonds Inc**

**Toll Free: (866) 420-2613**

**Local (480) 626-8916**

**E-Mail [info@integritybonds.com](mailto:info@integritybonds.com)**

**Fax: (602) 674-8235**