



**MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
DRIVER AND VEHICLE SERVICES**  
446 Minnesota Street, Suite 186, St. Paul, MN 55101-5186  
PHONE: 651-205-4141 FAX: 651-215-0027 EMAIL: dvs.prorate@state.mn.us

<b>BOND NUMBER:</b> _____
<b>ACCOUNT NUMBER:</b> _____

**International Fuel Tax Agreement and International Registration Plan Surety Bond**

**KNOW ALL MEN BY THESE PRESENTS, That we**

**Carrier Name, Individual Name, or all Names of all Partners** \_\_\_\_\_

**Doing Business As (business name):** \_\_\_\_\_

**Check One:**     Individual Owner     Partnership     Corporation     L.L.C.

**Business Address and Mailing Address (if different from physical location)** \_\_\_\_\_

as principal, and \_\_\_\_\_ (Bond Company Name) as surety are held and firmly bound to the State of Minnesota to indemnify the State of Minnesota and other member jurisdictions for any monetary loss caused by failure of the Principal to meet the obligations imposed by the International Fuel Tax Agreement (IFTA), the International Registration Plan (IRP) and the laws of this state, including the conduct required of a licensee by Minnesota Statutes, section 168.187, 168D, and 168.36 and the payment of all taxes, license fees, and penalties, in the amount for which payment is to be made and for which we bind ourselves, jointly and severally, our joint and several heirs, executor, administrators, successors and assigns, provided that the aggregate liability under this bond shall not exceed the amount indicated below during the term for which it is issued.

**IRP/IFTA Bond in the amount of \$** \_\_\_\_\_  
**Term: From** \_\_\_\_\_, 20\_\_\_\_ **to** \_\_\_\_\_, 20\_\_\_\_ **or**  
**Continuous: From** \_\_\_\_\_, 20\_\_\_\_.

WHEREAS, the above bonded Principal desires that an IFTA/IRP account be opened and operated in their name and maintained by the Registrar of Motor Vehicles, IFTA/IRP Office, State of Minnesota; and

WHEREAS, this bond executed by the said Principal and Surety is filed with the Registrar in compliance with the provisions of the International Fuel Tax Agreement -- Procedures Manual P400, Minnesota Statutes, section 168.D, 168.187 and 168.36, to enable said Principal to obtain IRP registration and/or an IFTA license from the Registrar of Motor Vehicles under the provision of those laws and agreements.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall faithfully perform the obligations imposed by the International Registration Plan, the International Fuel Tax Agreement, and the laws of this state, including registration, taxes, license fees and penalties, then this obligation shall be null and void; otherwise it shall remain in full force and effect.

THIS BOND may be canceled at any time as to the future liability upon the Surety's giving a least thirty (30) days written notice to the Registrar of Motor Vehicles of the State of Minnesota, in which event the Surety's liability shall terminate at the expiration of such notice period except as to all acts covered by this bond occurring prior thereto.

IN WITNESS WHEREOF, we have duly executed the foregoing obligation  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Principal (Business Name) (SEAL)

By: \_\_\_\_\_ (SEAL)  
 Principal Must Sign

\_\_\_\_\_  
 Surety (SEAL)

By: \_\_\_\_\_ (SEAL)  
 Attorney in Fact

**ACKNOWLEDGEMENT OF PRINCIPAL**  
(This certificate must be included with the Surety Bond)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Check Capacity Claimed by Signer	Signer Representing (Name of Business)
<input type="checkbox"/> Individual Owner <input type="checkbox"/> Partners <input type="checkbox"/> Corporate Officer - Position: _____ <input type="checkbox"/> L.L.C. - Position: _____	

On \_\_\_\_\_ before me personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me all that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. FURTHER, if the principal is a corporation or a limited liability corporation, the aforesaid acknowledges that the seal affixed to the foregoing bond is the corporate seal of the corporation, and that said bond was executed in behalf of the corporation by authority of its Board of Directors.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (SEAL)  
Notary Public

**ACKNOWLEDGEMENT OF CORPORATE SURETY**  
(Power of Attorney Must be Attached)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On \_\_\_\_\_ before me personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me all that he/she is the aforesaid officer of Attorney-in-Fact of the \_\_\_\_\_, a corporation; that the seal affixed to the foregoing instrument is the corporate seal of said corporation, and that said instrument was signed and sealed in behalf of said corporation by the aforesaid officer, by authority of its Board of Directors; and the aforesaid officer acknowledged said instrument to be the free act and deed of said corporation.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (SEAL)  
Notary Public

## Surety Bond Company Information

Full Name and Surety Company: \_\_\_\_\_

Home Office Address: \_\_\_\_\_

Home Office Phone Number: \_\_\_\_\_

Name of Attorney in Fact: \_\_\_\_\_

Name of Local Agency: \_\_\_\_\_

Address of Local Agency: \_\_\_\_\_

Local Agency Phone Number: \_\_\_\_\_

If this bond is executed outside the State of Minnesota, it must be countersigned by a Minnesota Resident Agent of the Surety Company.

Name of Agent affixing counter-signature: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature of affixing counter-signature: \_\_\_\_\_

# Surety Bond Application

AGENCY NAME: \_\_\_\_\_ AGENCY CONTACT: \_\_\_\_\_  
 AGENCY PHONE: \_\_\_\_\_ AGENCY FAX: \_\_\_\_\_ AGENCY EMAIL: \_\_\_\_\_  
 AGENCY ADDRESS: \_\_\_\_\_ 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: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of Company **CORP**  **LLC**  **DBA**  **PARTNERSHIP**  Bond Amount: \_\_\_\_\_

(Obligee): \_\_\_\_\_

Obligee Address \_\_\_\_\_

**SECTION II: GENERAL INFORMATION**

Applicant's Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Spouse SS#: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Business Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Business BEGAN under present Individual or Firm Name: \_\_\_\_\_ BUSINESS TAX ID: \_\_\_\_\_

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES  NO  DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS 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 OR PARTNERS AS REQUIRED**

NAME: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

SS#: \_\_\_\_\_ SPOUSE SS#: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)**

**STATEMENT OF ASSETS AND LIABILITIES AS OF**

ASSETS		LIABILITIES	
CASH IN BANK		NOTES PAYABLE TO BANKS	
CASH ON HAND		NOTES TO OTHERS (excl. of equipment)	
STOCKS AND BONDS		ACCOUNTS PAYABLE	
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE	
NOTES RECEIVABLE		ALL OTHER TAXES	
INVENTORY		ACCRUALS, PAYROLLS, ETC.	
CASH VALUE LIFE INSURANCE			
EQUIPMENT		DUE ON EQUIPMENT	
REAL ESTATE		DUE ON REAL ESTATE	
OTHER ASSETS		OTHER LIABILITIES	
		CAPITAL STOCK (if a corporation)	
		SURPLUS AND UNDIVIDED PROFITS	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR WORLDWIDE INSURANCE SPECIALISTS INC. 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.

**Worldwide Insurance Specialists, Inc**  
 2424 W. Missouri AVE  
 Phoenix, AZ 85015

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**Local (602) 749-0702**  
**Fax: (602) 674-8235**

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