



# State of New Jersey

Send to: Division of Taxation  
PO Box 189  
Trenton, NJ 08695-0189

Pursuant to NJSA 54:39-101 et seq  
3-2011

Surety Instrument No

**Form DMF-6**

## New Jersey Distributor of Motor Fuels Tax Bond

### Principal

Name _____	Type of Business Entity _____
DBA _____	Contact _____ Phone: _____
Tax ID No _____	Email _____
Mailing Address _____	Business Address _____

### Corporate Agent to the Principal

Name _____
Address _____
_____
Email _____ Phone: _____

### Surety

Name _____
Address _____
_____
Email _____ Phone: _____

### Surety Instrument

Amount _____	Issue Date _____	Period Covered _____	From: _____
			To: _____
			if no end date is specified, check here <input type="checkbox"/>

The Surety is held and firmly bound to the State of New Jersey in the aggregate sum of this bond, to be paid to the State of New Jersey by the Surety or its successors, executors, administrators and assigns, both jointly and severally. The condition of this obligation is such that, if the above bounden faithfully performs and discharges all the requirements and duties imposed under the Motor Fuel Tax Act, NJSA 54:39-101 et seq, including payment of all taxes, penalties, interest, and any other obligation, then this obligation is to be void; otherwise to remain in full force and effect.

### Signature of Principal

Primary

Primary Signature* _____
Printed Name _____
Primary Signatory's Title _____ Date Signed _____

Witness

Witness' Signature* _____
Printed Name _____
Witness' Title _____ Date Signed _____

### Signature of Surety

Primary Signature † _____
Printed Name _____
Primary Signatory's Title _____ Date Signed _____

Witness' Signature † _____
Printed Name _____
Witness's Title _____ Date Signed _____

\*By signing, the principal authorizes the State of New Jersey to make available to the Surety all documents, schedules, returns, or any other information related to this bond.

† By signing, the Surety agrees to accept the documents, schedules, and returns from the State of New Jersey as sufficient evidence of liability for this bond.

### Acknowledgement

State of \_\_\_\_\_ ) Date of Acknowledgement \_\_\_\_\_  
 ) SS  
 County of \_\_\_\_\_ )

The principal or authorized representative of the principal named personally appeared before me on the date of this acknowledgement to affirm and verify that he/she is authorized to execute the forgoing instrument and acknowledged to me that he/she executed this instrument as and for the act and deed of the principal.

Notary Seal

Signature of Notary _____
Printed Name _____ Expiration of Commission _____