Bond Number _____
Surety Bond for Deputy Registrar
State of Ohio
Department of Public Safety
Bureau of Motor Vehicles

KNOW ALL MEN BY THESE PRESENTS: That _____
(Deputy Registrar)
of _____
(Business Address)
as Principal, and _____
(Name of Surety Company)
of _____,
(Surety Company's Address)
as Surety, are held and firmly bound unto the State of Ohio, Department of Public Safety, Bureau of Motor Vehicles in the penal sum of _____ Thousand Dollars ($_____), for payment of which well and truly to be made, we jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns.

The condition of the above obligation is such, that whereas, the said Deputy Registrar has been authorized by the Ohio Department of Public Safety, Bureau of Motor Vehicles under the provisions of Sections 4503.03, 4507.01, and other sections of the Ohio Revised Code and Ohio Administrative Code Chapter 4501:1-6, to issue motor vehicle licenses, driver licenses, identification cards and to perform other duties according to a contract with the Ohio Department of Public Safety and BUREAU of Motor Vehicles. The contract is for a term beginning on the _____ day of _____,20_____, and ending on the _____ day of_____,20_____ The bond may be issued in annual increments, but shall be renewed to provide continuous coverage throughout the entire term of the deputy registrar contract.

NOW, THEREFORE, if the above named Deputy Registrar shall properly account for the proceeds that shall come into the Deputy Registrar's hands and the bands of the Deputy Registrar's employees by virtue of this position, then this obligation shall be void; otherwise to be and remain in full force and effect.

If the Surety shall so elect, this bond may be cancelled by giving thirty (30) days' notice in writing to the Bureau of Motor Vehicles, Office of Field Services, 1970 West Broad Street, P.O. Box 16520, Columbus, Ohio 43266-0020 and this bond shall be deemed cancelled at the expiration of said thirty (30) days, the Surety remaining liable for all or any act or acts covered by this bond, which may have been committed by the Principal up to the effective date of such cancellation, subject to the terms, conditions and provisions of this bond.

IN WITNESS WHEREOF, the said Principal has hereunto set Ins or her hand and seal, and the said Surety has caused these presents to be signed by its Attorney-m-Fact, the day and year first above written.

Signed by the said _____, as Principal, and by the said _____
(Deputy Registrar) (Surety)
as Surety, this _____ day of_____,20_____

DEPUTY REGISTRAR

_____
(Deputy Registrar signature)

APPROVED BY:

_____
Mike Rankin, Registrar

SURETY

By: _____
Attorney-in-Fact for
Surety Name: _____

Revised, 04/16/2007 JRG

SAMPLE
INTEGRITYBONDS.COM

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	$
TOTAL ASSETS	$	**TOTAL LIABILITIES**	$
		NET WORTH	$

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