

DEPARTMENT OF ENVIRONMENTAL QUALITY  
VEHICLE INSPECTION PROGRAM  
1240 SE 12<sup>th</sup> Ave.  
Portland, OR 97214

BOND NUMBER \_\_\_\_\_

BOND FOR PERSON OR FLEET LICENSED TO ISSUE CERTIFICATES OF COMPLIANCE  
PURSUANT TO MOTOR VEHICLE POLLUTION LAWS, INCLUDING ORS 468.390

(Show full name and assumed business name, if any)

KNOW ALL MEN BY THESE PRESENTS: That we,

c/o

(company)

as Principal(s),and

a corporation organized and existing under the laws of the State of \_\_\_\_\_, and duly authorized to transact a surety business in the State of Oregon, as Surety, are held and firmly bound unto the State of Oregon in the sum of ONE THOUSAND DOLLARS (\$1,000.00) lawful money of the United States, for the 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 CONDITIONS OF THIS OBLIGATION ARE SUCH THAT: Whereas the above named principal(s), pursuant to Oregon Revised Statutes (hereinafter referred to as "ORS") Chapter 468, 803 and 815, and pursuant to rules of the Environmental Quality Commission (hereinafter referred to as "Commission") of the State of Oregon pertaining to motor vehicle emission control inspection test criteria, methods, and standards, Oregon Administrative Rules, Chapter 340, Division 24, is (are) applying or has (have) applied to the Department of Environmental Quality for a license to issue Certificates of Compliance pursuant to ORS 468.390.

NOW THEREFORE, if the said principal(s) above named shall faithfully require and cause inspections and certificates to be made only by persons who meet the qualifications fixed by the Commission and to be made without fraud or fraudulent representations and without violating any of the provisions of ORS 468.360 to 468.405, 803.350 and 815.295 to 815.325, then this obligation shall be null and void, otherwise to remain in full force and effect.

As provided by ORS 468.400, if any person suffers any loss or damage by reasons of the fraud, fraudulent representation, or violations of any of the provisions of ORS 468.360 to 468.405, 803.350, and 815.295 to 815.325 by the principal(s), licensed pursuant to ORS 468.390, the injured person has the right of action in his own name against the business employing such licensed principal(s) and a right of action in his own name against the surety upon this bond. The license issued pursuant to ORS 468.390 to the principal(s) shall be cancelled immediately by the Department if this bond is cancelled by legal notice.

This bond is effective beginning \_\_\_\_\_.

IN WITNESS WHEREOF, the above-named parties have executed this instrument this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Corporate Seal of Principal (if corporation)

By \_\_\_\_\_

Principal(s) \_\_\_\_\_

Corporate Seal of Surety

By \_\_\_\_\_  
Attorney-in-Fact

Countersigned: \_\_\_\_\_  
Resident Agent of Oregon

Address \_\_\_\_\_

Date \_\_\_\_\_

## 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: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
 OBLIGEE: \_\_\_\_\_ EFF. DATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_  
 OBLIGEE ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 BUSINESS NAME: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_ Client E-mail \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 TYPE OF COMPANY CORP  LLC  DBA  PARTNERSHIP  HOW MANY OWNERS? \_\_\_\_\_

DATE BUSINESS ESTABLISHED: \_\_\_\_\_ 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

**SECTION II: GENERAL INFORMATION**

OWNER'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 ADDITIONAL OWNERS / PARTNERS  
 OWNER'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**PERSONAL FINANCIAL 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>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

**Worldwide Insurance Specialists, Inc**      **Toll Free: (888) 518-8011**  
**2424 W. Missouri AVE**                      **Local (602) 749-0702**  
**Phoenix, AZ 85015**                              **Fax: (602) 674-8235**  
**E-Mail SAM@WWISINC.COM**