Comptroller of Public Accounts FORM	AP-111 (Rev.9-13/8)				
Texa	s Motor	Fuels	Тах	Continuous	Bond

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Please read instructions.	• Type or print.	• Do not write in shaded areas.
Fuel type (Separate bonds must be submitted for each fuel type Gasoline Diesel Fuel		al Gas (CNG)/Liquefied Natural Gas (LNG)
Applicant name		3. Federal Employer ID or Social Security number
Mailing address (P.O. Box or street number)		
City Stat	te ZIP cod	e County
irety/Security Information		
Legal name of surety company		
Mailing address of surety company		
City Stat	te ZIP cod	e County
Surety company Federal Employer Identification Number		$C \times$
Does surety company have a Taxpayer Number for reporting any Texas tax OR a Texas Vendor Identification Number?		rs," number
Bond beginning effective date Bond nu	mber	Bond amount
N		
Bond Conditions		
KNOW ALL PERSONS BY THESE PRESENTS:		
That the applicant as PRINCIPAL and the named bor company in the State of Texas, are held and firmly boun	nd to THE STATE OF TEXAS in the	sum of ÁÁ payable at Austin,
Texas, and for the payment of which we bind ourselves,	our heirs, executors, and assigns, j	ointly and severally.
This bond is conditioned upon the principal being iss Sec		
If PRINCIPAL complies with the provisions of the c Accounts, at Austin, Texas, all taxes including penalty and void. Otherwise, it remains in full force and effect	y, interest, and costs accruing und	

This bond is not invalidated by recovery on this bond, the execution of any new bonds, or the renewal of a license. In addition, this bond shall not be invalidated by the revocation, renewal or issuance of a license, but a new bond may be demanded if a new license is issued or renewed. The State of Texas shall have the right to sue on and otherwise enforce the obligations of this bond without exhausting its remedies against PRINCIPAL's property or assets, and PRINCIPAL need not be made a party to such suit.

11. In witness whereof we have set our hands and seal this	day of	,	
SEAL	sign here		
	-	SURETY	
2. sign Principal or authorized agent		Title	

Instructions for Completing Texas Motor Fuel Continuous Bond

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone numbers listed on this form.

Who May Complete Bond -

Any license holder required to post a bond to guarantee the payment of fuels taxes may complete and submit this bond.

Bonding Requirements –

Gasoline – A supplier, permissive supplier, distributor, importer, exporter, distributor/aviation fuel dealer, blender or exporter/blender shall post a bond equal to two times the maximum amount of tax that could accrue on tax-free gasoline purchased or acquired during a reporting period. The minimum bond is \$30,000. The maximum bond is \$600,000.

Diesel Fuel – A supplier, permissive supplier, distributor, importer, exporter, distributor/aviation fuel dealer, blender, importer/bonded user or exporter/blender shall post a bond equal to two times the maximum amount of tax that could accrue on tax-free diesel fuel purchased or acquired or sold during a reporting period. The minimum bond is \$30,000. The maximum bond is \$600,000.

Dyed Diesel Fuel Bonded User – A dyed diesel fuel bonded user shall post a bond equal to two times the maximum amount of tax that could accrue on tax-free diesel fuel purchased or acquired during a reporting period. The minimum bond is \$10,000. The maximum bond is \$600,000.

Compressed Natural Gas (CNG)/Liquefied Natural Gas (LNG) – A CNG/LNG dealer shall post a bond equal to two times the maximum amount of tax that could accrue on CNG or LNG produced, purchased, acquired, sold or delivered during a reporting period. The minimum bond is \$30,000. The maximum bond is \$600,000.

General Instructions –

- Please type or print only in white areas.
- Complete each item carefully.
- Do NOT use dashes when entering a Federal Employer Identification Number or Social Security Number.

Specific Instructions -

Item 8 – If the surety company has both a Texas Taxpayer Number and a Texas Vendor Identification Number, enter only the Vendor Identification Number. Use only the first 11 digits of the number.

Item 10 – Bond's must be written in accordance with the applicable provisions of law for the type of fuel which this bond will cover. The amount of the bond and the applicable section number of the law must be entered for this bond to be effective. Section numbers are as follows:

> GASOLINE TAX, sec. 162.111(b) DIESEL FUEL TAX, sec. 162.212(b) CNG/LNG TAX, sec. 162.361(b)

Item 11 – This bond must be dated and signed by an authorized agent of the surety company.

Item 12 – This bond form must be signed by the principal or authorized agent to be effective. The authorized agent must also attach their power of attorney.

Mail the completed bond to this address:

Comptroller of Public Accounts 111 E. 17th Street Austin, TX 78774-0100

Whom to Contact for Assistance -

For assistance with any fuels tax question, please contact the Texas Comptroller of Public Accounts at 1-800-252-1383 or 512-463-4600.

Disclosure of your social security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law. 42 U.S.C. \$405(c)(2)(C)(i); Tex. Govt. Code \$\$403.011 and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

SURETY BOND APPLICATION

BUSINESS NAME:		
CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? SECTION.J: BOND APPLIED FOR: TYPE OF BOND: BUSINESS (DBLIGEE: (DBLICE:	E-MAIL:	
CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? SECTION.): BOND APPLIED FOR: TYPE OF BOND: DELIGEE: CBUIGEE: CBUIGE:		
NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND?	(Zip)	
SECTION I: BOND APPLIED FOR:	<u></u>	
TYPE OF BOND:		
DBLIGEE:EFF.DATE:EXP.DATE:OBLIGEE ADDRESS:		
DeLIGEE ADDRESS:		
BUSINESS NAME:		
BUSINESS PHONE:BUSINESS FAX:Client E-mail BUSINESS ADDRESS:	(Zip)	
SUSINESS ADDRESS: (Street) (Stree)		
(Street) (Stree) (Stre) (Stre) (Str		
TYPE OF COMPANY CORP LLC DBA PARTNERSHIP HOW MANY OWNERS? DATE BUSINESS ESTABLISHED:		
HAS ANY COMPANY REFUSED TO ISSUE YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS Y AGAINST YOU? JONDS FOR ANY PURPOSE? HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? Y JAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? Y SECTION LI: GENERAL INFORMATION SPOUSE NAME	(Zip)	
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DWNER'S NAME:		
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(Street) (City) (State) ADDITIONAL OWNERS / PARTNERS SPOUSE NAME		
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