

## **Utah State Tax Commission**

## **Motor Vehicle Defective Title or Insufficient Evidence of Ownership Bond (Surety Bond)**

TC-824 Rev. 12/12

Please be advised that the surety bond must be completed in its entirety, including a bond number, the name, principal's address, doing-business-as, etc. When a power of attorney form is used, it must be attached to the surety bond. Photo copies of the bond form will not be accepted.

KNOW ALL MEN BY THESE PRESENTS, that	, of
, as Principal and	, as Surety, are held and
firmly bound unto the State of Utah and to the Utah State Tax Commission	n, for the purpose of indemnifying any person or persons who might subsequently
establish legal ownership or interest to the vehicle hereinafter described,	
Dollars (), lawful money of the United States of Ameri	ca, being double the reasonable value of said vehicle, for which payment well and
truly to be made and performed, they do hereby bind themselves jointly, s	severally, and firmly by these presents.
Applicants Applying Where Motor Vehicle Has A Defective Title	
WHEREAS,	, is the applicant for a transfer of motor vehicle title under the laws of the State
of Utah for that certain motor vehicle being described as,	Make Model Body type
, under which former certifi	cate of title was issued, the same being State Title Number,
Vehicle Identification Number (VIN) said transfer of title to be made in the name of	and the Principal and Surety herein are desirous of
	ng to the posting of bond where it is impossible for applicant to furnish a certificate
Applicants Applying Where Unable To Furnish Sufficient Evidence O	
WHEREAS, the Principal herein has made application to the Utah State T	Tax Commission for the registration of and the issuance of a certificate of title for a Body type ,, and, and, where the registration of the issuance of a certificate of title for a, and, and, where the registration of the issuance of a certificate of title for a, and, and, where the registration of the issuance of a certificate of title for a, and, and
presently bearing License Number	issued by the State of, and said
	ce of the ownership of said motor vehicle sufficiently to clearly establish his right
and title thereto, not clear evidence as to the existence of any lien or encountries.	
corporation who may subsequently establish legal ownership or interest to aforesaid, in full (but not to exceed the principal amount hereof) for all dar title certificate, then this obligation shall be void, otherwise the same shall hereof.	cipal named herein shall well and truly pay and indemnify any person, firm or of the aforesaid motor vehicle at the time of transfer of title certificate, as mages actually sustained or suffered by reason of the issuance of the aforesaid libe and remain in full force and effect for a period ending seven years from date to caused this instrument to be executed at
thisday of	
	Principal
	The state of the s
(Surety Seal)	Surety
	,
Danding Company to Dand	By
Bonding Company's Bond	Attorney-in-Fact
Number:	Local agent's name
	Agent's address
Affilia it of Qualification For Quality Quality	
Affidavit of Qualification For Surety Companies	
STATE OF)	
County of)	
, being first duly	sworn, on oath deposes and says that he is the
of said company, and that he is duly authorized to execute and deliver the has complied in all respects with the laws of Utah in reference to becomin	Officer or Agent e foregoing obligations; that said company is authorized to execute the same and ag sole surety upon bonds, undertakings and obligations.
(Notary Stamp)	Signature of officer or agent
	Residence
	(Surety Seal)
	(,
Natamila alimatima	_

## SURETY BOND APPLICATION

AGENCY NAME:			AGENCY CONTA	CT		
AGENCY PHONE:	AGENCY FA	AGENCY FAX: E-MAIL:				
AGENCY ADDRESS:						
(Street)	LOOKING TO BEAT		(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:				
OBLICEE:			EXP.DA			
OBLIGEE ADDRESS: (Street)						
BUSINESS NAME:		(City)	(State)		(Zip)	
BUSINESS PHONE:	BUSINESS FAX:		_ Client E-mail			
BUSINESS ADDRESS:						
TYPE OF COMPANY CORP LLC	DBA  PARTNERSI	(City)	(State)		(Zip)	
DATE BUSINESS ESTABLISHED:	BUSIN	NESS TAX ID:			_	
HAS ANY COMPANY REFUSED TO ISSUE	YES NO DO	YOU HAVE ANY LII		EMENTS	YES 🗆 NO 🗖	
BONDS FOR ANY PURPOSE?		GAINST YOU?		•	YES   NO	
HAS APPLICANT EVER FAILED IN BUSINES	BOS TEO INO II HA	S APPLICANT EVE	R FILED BANKRUPTCY	7		
SECTION II: GENERAL INFORMATION						
OWNER'S NAME:		SPOUSE NAME				
SS#:SPO	USE SS#	но	ME PHONE:			
RESIDENTIAL ADDRESS:(Street)		(City)	(State)			
ADDITIONAL OWNERS / PARTNERS		(City)	(Sidle)		(Zip)	
OWNER'S NAME:		SPOUSE NAME				
SS#:SPO	USE SS#	но	ME PHONE:			
RESIDENTIAL ADDRESS:						
(Street)		(City)	(State)		(Zip)	
ASSETS	CIALSTATEMENT OF A	UABILITI LIABILITII				
CASH IN BANK	\$	NOTES PAYABLE		\$		
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS		\$		
STOCKS & BONDS	\$	ACCOUNTS PAYABLE		\$		
ACCOUNTS RECEIVABLE	\$	FEDERAL & STAT	\$			
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 LIABILITIE	:S	\$		
		NET WORTH		\\$		
NAME OF OWNERS	NAME & TITLE O	NAME & TITLE OF OFFICERS		PERCENTAGE OF OWNERSHIP		

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 2424 W. Missouri AVE Phoenix, AZ 85015 Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235