

WYOMING DEPARTMENT OF TRANSPORTATION  
FUEL TAX ADMINISTRATION  
5300 BISHOP BLVD.  
CHEYENNE, WYOMING 82009-3340

**FUEL TAX SURETY BOND**

BOND NO. \_\_\_\_\_  
(Issued by the Surety)

KNOW ALL MEN BY THESE PRESENTS: That I/We, \_\_\_\_\_  
(Legal Name(s), dba and Ownership Structure (circle one) Corporation, General  
Partnership, Sole Proprietorship, LLC, etc.)

\_\_\_\_\_, as **PRINCIPAL**, and  
(Address or Box Number, City, State and Zip Code)  
\_\_\_\_\_ a corporation organized under the laws of the STATE OF \_\_\_\_\_,  
and authorized to do surety business in the State of Wyoming, as surety, are held and firmly bound unto the STATE OF WYOMING  
in the penal sum of \_\_\_\_\_ dollars(\_\_\_\_\_)

(TOTAL DOLLAR AMOUNT FOR GASOLINE OR DIESEL FUEL)

lawful money of the United States, to be paid to the Wyoming Department of Transportation, as agent for the State of Wyoming, for  
which payment will and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, or assigns, and each of  
them, jointly and severally by these presents:

The above named principal as a motor fuel licensee as required pursuant to W. S. 39-17-106 and W. S. 39-17-206 as defined in W. S. 39-  
17-101 and W. S. 39-17-201 is required pursuant to W. S. 39-17-106(e) and W. S. 39-17-206(k) to deposit with the above said  
DEPARTMENT a surety bond or cash bond in an amount specified above as determined by the DEPARTMENT, to secure the payment  
by such principal of any monies due of Fuel Taxes, Penalties, Interest which may accrue to the State of Wyoming and guarantee the  
return of the license(s); and be conditioned the licensee not practice any fraud, make any fraudulent representation or violate any law  
relating to the conduct of the business for which the principal is licensed.

This obligation shall become effective on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and shall continue in full force  
up to and including the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Executed by **Principal/Licensee** on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. Executed by **Surety** on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Principal(s) (Must appear exactly as shown captioned above)

\_\_\_\_\_  
Name of Corporate Surety

BY: \_\_\_\_\_  
Signature (President, Vice President, Partner, or Owner)

BY: \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature (Additional Partner or Owner)

\_\_\_\_\_  
Print/Typed Name

\_\_\_\_\_  
Title

**Place Surety's Corporate Seal Here**

**(Acknowledgements on Following Page Must be Completed)**

**For Principal Signature 1:**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

The foregoing instrument was acknowledged before me by

\_\_\_\_\_

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

(NOTARY SEAL)

**For Additional Partner Signature, if any:**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

The foregoing instrument was acknowledged before me by

\_\_\_\_\_

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

(NOTARY SEAL)

**For Surety:**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

The foregoing instrument was acknowledged before me by

\_\_\_\_\_

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

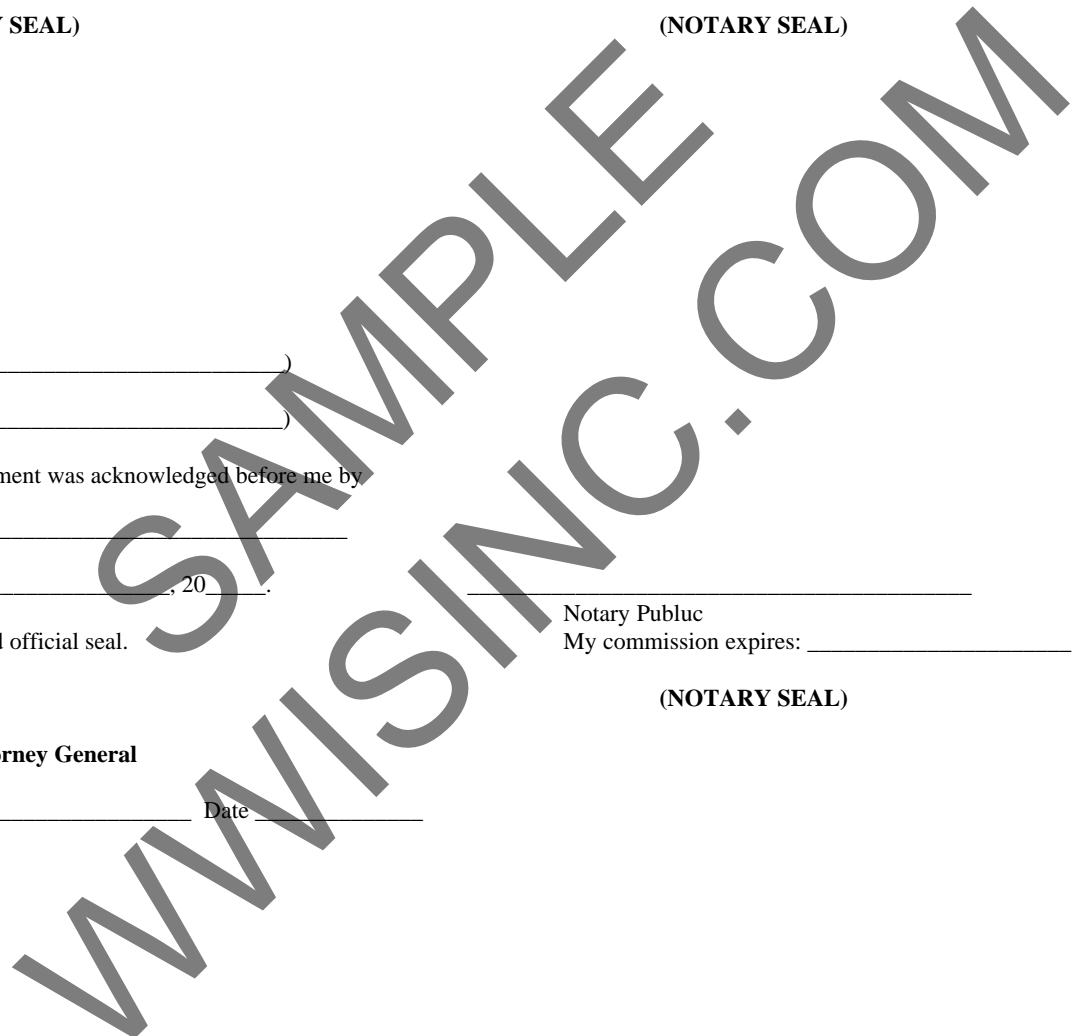
Witness my hand and official seal.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

(NOTARY SEAL)

**Approval from Attorney General**

\_\_\_\_\_  
Date \_\_\_\_\_



## FUEL TAX SURETY BOND INSTRUCTIONS

**Except for signatures, all information on the bond must be typed or printed. Do not use whiteout on the bonds. If a change needs to be made, strike through the mistake, and have the notary initial the change. Incomplete bonds will be returned for completion.**

- ❖ Bond No. The number assigned to the bond by the surety company.
- ❖ Legal Name of the Agency The name used on the license application. (“Principle”)
- ❖ Name of the surety company The name of the company issuing the bond.
- ❖ STATE OF The state that the surety company is organized in.
- ❖ The obligation shall become effective on Date must be prior to the start date of business.
- ❖ Up to and including Must be one year from initial date.
- ❖ Executed by Must match the name as notarized on the bond.
- ❖ The proper person must sign for the Principal:
  - For an *individual or sole proprietor*, that person signs.
  - For a *corporation*, the President or CEO signs.
  - For a *general partnership*, all general partners must sign; if a general partner is an entity, you must also follow the above requirements for that type of entity.
  - For a *limited partnership*, all general partners must sign; if a general partner is an entity, you must also follow the above requirements for that type of entity.
  - For a *limited liability company*, all members must sign; if a member is an entity, you must also follow the above requirements for that type of entity.
  - *Joint ventures* and *limited liability partnerships* are treated as general partnerships.
  - *Limited liability limited partnerships* are treated as limited partnerships.
  - For a *Wyoming statutory trust*, all trustees must sign.

If a person other than the person indicated above signs, you must also provide, *with the Application*, certified resolutions from the entity’s governing body (e.g., board of directors), demonstrating the person's authority to sign for and bind the entity.

When the surety company executes the bond by an attorney-in-fact, the dates of (a) the Power of Attorney, (b) the acknowledgement of the surety’s signature on the bond form, and (c) the date of the bond’s execution must all be the same. ***Differing dates will result in the bond being rejected.*** Bonds cannot be postdated.

When the surety company executes the bond by an attorney-in-fact, the bond must be accompanied by a certification regarding the attorney-in-fact. Contact us should you be unsure of the contents of this document. The certification must be signed, dated and bear the surety’s corporate seal. Signatures and seals may be affixed by facsimile, but the date must be original.

## 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**