

WYOMING DEPARTMENT OF TRANSPORTATION  
MOTOR VEHICLE SERVICES  
5300 BISHOP BLVD.  
CHEYENNE, WYOMING 82009-3340

**WYOMING BASED MANUFACTURER BOND**

BOND NO. \_\_\_\_\_

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

\_\_\_\_\_ as **PRINCIPAL**, and  
(Manufacturer Location 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 twenty five thousand dollars (\$25,000.00) 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 well 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 is a Wyoming based manufacturer as defined by W.S. 31-16-101 (a) (xxvi) and has pursuant to W.S. 31-16-103, made application with the Wyoming Department of Transportation for a license to operate as a Wyoming based manufacturer and is required by W.S. 31-16-103 (h) to deposit with the above said DEPARTMENT, a surety bond in the amount of twenty five thousand dollars (\$25,000.00) to guarantee the return by such principal of the manufacturer license and manufacturer license plates issued thereunder; and be conditioned that the applicant shall not practice any fraud, fraudulent misrepresentations or violate any federal or state law, rules or regulations relating to the conduct of the business.

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

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

\_\_\_\_\_  
Name of Principal/Manufacturer

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

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

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

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

\_\_\_\_\_  
Printed/Typed Name and Title

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

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

**Place Surety Seal Here**

**(Acknowledgments Below Must be Completed)**

**For Principal Signature 1:**

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

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

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

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

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

The foregoing instrument was acknowledged before me by \_\_\_\_\_

The foregoing instrument was acknowledged before me by \_\_\_\_\_

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

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

Witness my hand and official seal.

Witness my hand and official seal.

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

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

**(NOTARIAL SEAL)**

**(NOTARIAL 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.

**APPROVED BY ASSISTANT ATTORNEY GENERAL:**

\_\_\_\_\_  
Signature

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

**(NOTARIAL SEAL)**

Bond forms change; this is for educational purposes only.

**(See Reverse Side for Instructions)**

MV-424M (04-08)

## 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.

<b>Worldwide Insurance Specialists, Inc</b> 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail <a href="mailto:SAM@WWISINC.COM">SAM@WWISINC.COM</a>	<b>Toll Free: (888) 518-8011</b> <b>Local (602) 749-0702</b> <b>Fax: (602) 674-8235</b>
---	---