

THE ORIGINAL BOND MUST BE SIGNED BY THE PRINCIPAL, RESIDENT AGENT, ATTORNEY-IN-FACT AND THE NOTARY PUBLIC AND BE FILED WITH THE REGISTRAR OF CONTRACTORS.

LICENSE BOND

STATE OF ARIZONA REGISTRAR OF CONTRACTORS

RC-L-220D (12/97)

BOND NO: _____

That _____
As the principal, and _____

(Surety)

a corporation duly authorized and licensed to transact surety business in the State of Arizona, are held and firmly bound unto the State of Arizona for the benefit of those persons described in A.R.S. 32-1152, as amended, in the penal sum herein after set fourth for the classification of license described:

LICENSE CLASSIFICATION	PENAL SUM
_____	\$ _____
_____	\$ _____
_____	\$ _____

The Principal has applied to the Registrar of Contractors of the State of Arizona for a license to conduct the business of contracting under the above-described classifications and submits this bond to comply with the provisions of A.R.S. 32-1152, as amended, which is incorporated herein as though fully set fourth.

Liability under this bond is limited to the penal sum for each classification of work performed by the principal. Liability under each classification shall be determined strictly in accordance with provisions of A.R.S. 32-1152, as amended, which is incorporated herein as though fully set fourth.

Upon making payment to any claimant against the bond, the Surety shall immediately give written notice to the Principal and the Registrar of Contractors of the date and amount of payment.

The amount of this bond is based on the representation of the Principal of his anticipated annual gross volume of work pursuant to Rule R4-9-112 (formerly Rule R4-9-12).

This bond becomes effective on _____ YEAR

SIGNED, SEALED AND DATED _____

YEAR

Signature of Contractor (Principal)

Name of Surety Company

Title of Signer

By: _____
Signature Atty-In-Fact
(Must be Notarized)

By: _____
Countersigned: Arizona
Resident Agent

Subscribed and sworn to before me
This _____ day of _____, YEAR
By: _____
Print or Type Name of Atty-In-Fact

Resident Agent
Print or Type Name

Notary Public

Street Address

My Commission Expires:

City State Zip

State of _____

Phone Number _____

County of _____

