

ACCT # _____
MC/UI _____
DATE _____
Row _____
INTIS _____

**COMBINED MOTOR CARRIER
AND USE FUEL TAX BOND**

(See instructions on back with corresponding numbers)

BOND NO ① _____

KNOW ALL MEN BY THESE PRESENTS, that ② _____
NAME OF PRINCIPAL

③ _____
AN INDIVIDUAL A PARTNERSHIP A CORPORATION

doing business as or under ④ _____
TRADE NAME, IF ANY

of the city / town _____ and State of _____

as principal, and ⑤ _____
NAME OF SURETY

a corporation duly organized and existing under and by virtue of the laws of the State of ⑤ _____
and duly authorized by the ARIZONA DEPARTMENT OF INSURANCE under the laws of the STATE OF ARIZONA to do a general surety
business in the STATE OF ARIZONA as surety are held and firmly bound unto the STATE OF ARIZONA in the sum of ⑥ _____

⑥ _____ Dollars (\$ _____)

lawful money of the UNITED STATES to be paid to the said STATE OF ARIZONA or its assigns for which payment well and truly to be made we
bind ourselves out heirs executors, administrators successors and assigns jointly and severally firmly by these presents

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT

WHEREAS, the above bounden Principal is a LICENSEE of Motor Carrier and of Use Fuel in the STATE OF ARIZONA, and subject to the
payment of MOTOR CARRIER TAX and of USE FUEL TAX to the State of Arizona as provided in TITLE 28, CHAPTER 9, ARTICLE 2 and 6,
A.R.S. 28-1551 and A.R.S. 28-1599 et seq

NOW, THEREFORE, if the said Principal, as such a LICENSEE of Motor Carrier and of Use Fuel, shall promptly file true reports and shall well,
truly and faithfully perform all acts and duties required of the Principal by law, and all such additional duties as may hereafter be imposed upon the
Principal by law, and shall well, truly and faithfully pay to the STATE OF ARIZONA, at the time and in the manner provided by law any and all
monies due the STATE OF ARIZONA from the Principal as such a LICENSEE of Motor Carrier and of Use Fuel, from and after the
⑦ _____ day of _____ when this obligation shall be void, otherwise to remain in full force and effect

Provided further that the limit of the liability of the surety is that of the penal sum, above set forth, regardless of the length or period of time after the
date hereof No party other than the named obligee and the successors administrators and assigns of the obligee shall have any right under this bond

If the surety herein shall so elect, liability under this bond may be TERMINATED BY IT BY THE GIVING OF SIXTY (60) DAYS WRITTEN
NOTICE of such desire to terminate liability to the Assistant Director of the MOTOR VEHICLE DIVISION, ARIZONA DEPARTMENT OF
TRANSPORTATION, STATE OF ARIZONA which event said termination of liability shall become effective at the expiration of such sixty (60)
days written notice, as provided by law, unless a new bond shall have been filed by such principal and accepted by the Assistant Director of the MOTOR
VEHICLE DIVISION ARIZONA DEPARTMENT OF TRANSPORTATION STATE OF ARIZONA, prior to such time, in which event such
termination of liability shall be effective from the effective date of such new bond. Such notice of desire to terminate liability thereunder shall not affect
the liability of the surety for any acts or omissions of such principal occurring prior to the effective date of termination but such surety shall continue to
be liable under all of the provisions of this bond for all acts and omission of such principal occurring prior to the time such terminated shall become
effective to the same extent as if such notice of termination had not been given

THIS BOND IS A CONTINUING BOND AND SHALL CONTINUE IN FULL FORCE AND EFFECT FROM AND AFTER THE DATE
OF ITS EXECUTION UNTIL TERMINATED BY AND IN THE MANNER HEREIN SET OUT

IN WITNESS WHEREOF, WE HAVE HERE UNTO set our hands and seals this ⑬ _____ day of

⑬ _____

⑧ _____
PARTNER

_____ PARTNER

_____ PARTNER

COUNTER SIGNATURE (of Arizona Resident Agent or Surety)

⑪ _____
NAME

NUMBER AND STREET ZIP

CITY AZ TELEPHONE

SEND BOND CLAIMS TO (To be filled in by Surety Company)

⑫ _____
NAME

NUMBER AND STREET ZIP

CITY STATE TELEPHONE

② _____
NAME OF PRINCIPAL

④ dba _____
TRADE NAME, IF ANY

⑨ Signed _____
PRINCIPAL OR DULY AUTHORIZED OFFICER

Mailing Address of Principal:

⑩ _____
NUMBER AND STREET

CITY STATE ZIP

_____ SURETY

⑬ _____
IT5 ATTORNEY-IN-FACT

GENERAL INSTRUCTIONS FOR COMPLETION OF COMBINED MOTOR CARRIER AND USE FUEL TAX BOND

- A. This bond, when completed, will be issued in accordance with Title 28, Chapter 9, Article 2, and Article 6, A.R.S. The amount of the bond is set at three (3) times the average monthly tax liability for monthly and five (5) times the average monthly tax liability for quarterly tax reporting, with the suggested minimum amount set at \$1,000.
- B. **ALL** applicable areas on the bond must be completed. **ALL** entries must be either typed or in black ink. **ANY** changes or corrections to the bond must be made by the SURETY COMPANY.
- C. Photocopies of the bond **ARE NOT** acceptable. If a bond that was issued by the surety company is not received by this office, it must be reissued as a "duplicate original" bond from the surety company with **ALL** original signatures, with surety seal affixed, and with copy of Power of Attorney attached for Attorney-In-Fact that signed the bond.

BOND TO BE COMPLETED BY SURETY COMPANY

The following numbers and general instructions correspond to numbers on front side of bond. Please follow all instructions to insure completeness and filing of acceptable bond.

- ① Bond number shall be assigned by surety company.
- ② The name of principal: Both areas on Bond **MUST** agree.
 - a. If a corporation, **ALWAYS** write the bond in corporate name, **NEVER** use individual name or an officer's name as principal.
 - b. If an individual, enter individual's names.
If partnership, enter **ALL** partner's names.
- ③ Enter if individual, partnership, or corporation.
- ④ Enter trade name or dba if applicable. Both areas on Bond **MUST** agree.
- ⑤ Enter name of surety company and State authorizing it to do business.
- ⑥ Enter the amount of bond-minimum amount -\$1,000. **MUST** show the amount of the bond both written out **AND** numerically.
- ⑦ Enter the date on which the bond will become effective.
- ⑧ If a partnership, **ALL** partners **MUST** sign.
- ⑨ **MUST** be signed by **PRINCIPAL(S)** or duly **AUTHORIZED OFFICER OF CORPORATION**.
- ⑩ Enter the mailing address, city state and zip code **OF PRINCIPAL**.
- ⑪ Bond **MUST** be signed by an Arizona Resident agent. Also print or type name, address and telephone number of agent.
- ⑫ Enter the name, address, city, state and zip code of the surety company claim office.
- ⑬ Bond form **MUST** be dated **AND** signed by the surety company **AND** have the surety seal. Also print or type individual's name **AND** provide copy of Power of Attorney for Attorney-In-Fact that signed bond.