

DR-157C  
R. 04/90

FLORIDA DEPARTMENT OF REVENUE  
MOTOR FUEL, SPECIAL FUEL AVIATION OR POLLUTANT TAX  
SURETY BOND

STATE OF \_\_\_\_\_ BOND NO. \_\_\_\_\_

COUNTY OF \_\_\_\_\_

WE, \_\_\_\_\_, as Principal, and \_\_\_\_\_, as Surety, are  
(name of principal) (name of surety)

bound to the Florida Department of Revenue on behalf of the State of Florida, in the sum of \$  
for the payment of which we bind ourselves, our successors and assigns, heirs, and personal representatives, jointly  
and severally.

Principal acknowledges that \_\_\_\_\_ is engaged in business in Florida which is subject to the tax identified  
below: (he, she, it)

(Note: Please complete and submit an original form for each bond.)

- Motor Fuel tax pursuant to Part 1, Chapter 206, Florida Statutes, Part II, Chapter 212, Florida Statutes,  
and Chapter 336, Florida Statutes, or
- Special Fuel tax pursuant to Part II, Chapter 206, Florida Statutes, Part II, Chapter 212, Florida statutes,  
and Chapter 336, Florida Statutes, or
- Aviation Fuel tax pursuant to Part III, Chapter 206, Florida Statutes, or
- Pollutants tax pursuant to Part IV, Chapter 206, Florida Statutes.

THE CONDITION OF THIS BOND is that if the Principal faithfully complies with the Florida statutory tax  
provision regarding such business of the Principal then this bond is void; otherwise, it remains in force.

Provided, however, it is mutually agreed and understood by the parties hereof that if the Surety so elects,  
upon giving notice in writing to the Department of Revenue, sixty (60) days after receipt of which this surety bond  
shall be cancelled, in which, in which event, Surety shall be liable for acts covered by himself which were committed by the  
Principal prior to such cancellation under the terms, conditions and provisions hereof.

This bond shall be effective as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SIGNED, SEALED AND DELIVERED this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_.

Approved this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

As Principal

BY \_\_\_\_\_

(Principal's Name)

FLORIDA DEPARTMENT OF REVENUE

BY \_\_\_\_\_

As Surety

BY \_\_\_\_\_

(Surety's Name)

Attorney-In-Fact

BY \_\_\_\_\_

As attorney-in-Fact and Florida Resident Agent for Surety

(AUTHORITY OF ATTORNEY-IN-FACT AND FLORIDA  
RESIDENT MUST BE ATTACHED)