

DEPARTMENT OF HEALTH

LICENSE BOND
STATE OF OKLAHOMA

Bond Number

Effective Date

KNOW ALL MEN BY THESE PRESENTS: That we, _____,

as PRINCIPAL, and _____, a corporation duly

_____ registered with the the Secretary of State to do business in the State of
Oklahoma, OR

_____ incorporated under the laws of the State of Oklahoma,

as surety, are held and firmly bound unto OKLAHOMA STATE DEPARTMENT OF HEALTH,
Occupational Licensing Division, as obligee, in the penal sum of

Five Thousand and no/loo (\$5,000.00) DOLLARS

for each license indicated below for the payment of which we hereby bind ourselves,
our heirs, executors and administrators, jointly and severally by these presents.

THE CONDITIONS of this bond are such that the said Principal has applied for a
license as

- | | |
|---------------------------|-------------------------|
| ___ Mechanical Contractor | ___ Plumbing Contractor |
| ___ Electrical Contractor | ___ _____ (Other) |

NOW THEREFORE, the Condition of this Obligation is such, that if the said
Principal shall faithfully observe the provisions of the Statutes and Rules and
Regulations, governing the issuance of this License, then this Obligation shall be
null and void, otherwise to remain in full force and effect.

THE SURETY may cancel this bond at any time by filing with the Obligee thirty (30)
days written notice of its desire to be relieved of liability. The Surety shall not
be discharged from any liability already accrued under this bond, or which shall
accrue hereunder before the expiration of the thirty day period.

x _____
(Principal)

(Surety)

By _____

Attorney in Fact

ORIGINAL