

THIRD PARTY COMPANY & SCHOOL BUSINESS LICENSE BOND

Bond Number
KNOW ALL MEN BY THESE PRESENTS:
That, as principal, (Individual or Corporate Name and Name Doing Business As)
(Individual or Corporate Name and Name Doing Business As)
located in the County of, State of Nevada, as obligee, and, a, a, (Name of Surety)
corporation organized and existing under and by virtue of the laws of the State of,
and authorized to transact a surety business in the State of Nevada, as surety, are held and firmly
bound unto the State of Nevada in the penal sum of THOUSAND DOLLARS for the
payment of which well and truly to be made we hereby bind ourselves, our respective heirs,
administrators, executors, successors and assigns jointly and severally, firmly by these presents:
To be effective on the day of,,

THE CONDITION OF THIS OBLIGATION IS SUCH THAT:

WHEREAS, the above-named principal has been licensed to carry on or conduct in this State the business of operating a company or school for training drivers where commercial skills test are administered to drivers; and

WHEREAS, the above-named surety herein agrees that any person or entity injured by the action or actions of the principal and/or his instructors involved in any fraud or fraudulent representation or in violation of any of the provisions of Chapter 483 of the Nevada Revised Statutes or Nevada Administrative Codes may bring action in said injured person's or entity's own name against the said surety. This bond is continuous in form and the total aggregate liability of the bond is limited to the payment of the total amount of the bond. In the event of a dispute of a claim by the surety company, application may be made to the Director, Department of Motor Vehicles, for good cause shown. After notice and hearing, the director may authorize payment of funds from here said surety coverage.

(SEE BACK)

of its desire and intention so to do.	surety at any time by giving written notice by registered mail. Said cancellation shall be effective thirty (30) days after the e of Nevada Department of Motor Vehicles, Field Services
Signed, sealed and dated this	, day of,,
	X
	Business (Principal)
	(Surety)
	Telephone Number of Surety: ()
	(Mailing Address of Surety Company, Street)
	(City, State and Zip Code)
	By(Signature, Attorney In-Fact for Surety)
	(Printed Name, Attorney-In-Fact)

(Surety)

Bond Number _____

	(,)	
this	, day of,,	
	(Signature, Agent)	
	(Printed Name, Agent)	
	(Business Name, Agent)	· · · · · · · · · · · · · · · · · · ·
	(Business Address, Agent)	

(Surety Seal)

Countersigned on behalf of