



VEHICLE INDUSTRY BUSINESS LICENSE BOND

Bond Number			
	License Type:		
	Broker		
	Dealer/Rebuilder/Lessor		
	☐ Distributor		
	☐ Manufacturer		
	☐ Off-Highway Vehicle		
KNOW ALL MEN BY THESE PRESENTS:			
That	orporate Name and Name Doing Business as) , as principal,		
(Individual or C	orporate Name and Name Doing Business as)		
located in the County of	, State of Nevada, obligee, and		
• -			
	, a corporation organized and existing under and by virtue of the		
(Name of Surety)	Lord objects to the control of the Control of New York		
laws of the State of, and	d authorized to transact a surety business in the State of Nevada, as surety		
	evada in the penal sum of THOUSAND DOLLARS for the payment		
	y bind ourselves, our respective heirs, administrators, executors, successors		
and assigns jointly and severally, firmly by the	ese presents:		
To be effective on the day	of, 20		

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 buying, selling, transporting, manufacturing, distributing, brokering or dealing in new or used vehicles, trailers, motorcycles or semitrailers; and

WHEREAS, the above-named surety herein agrees that any consumer, as defined in NRS 482.345, injured by the action or actions of the principal and/or his salesmen involved in any fraud or fraudulent representation or in violation of any of the provisions of Chapter 482 or Chapter 490 of the Nevada Revised Statutes or Nevada Administrative Codes may bring action in said injured person'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.

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Signed, sealed and dated this	day of	, 20
		X
		X(Principal's Signature)
		(Principal's Printed Name)
		(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) (The Corporate Seal of the Surety Company must be imprinted or affixed to the bond form) (Surety Seal)
		(A licensed agent of the issuing company must countersign this form) Countersigned on behalf of:
		(Surety)
		this, 20
		(Signature, Agent)
		(Printed Name, Agent)
		(Business Name, Agent)

Bond Number _

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