

Occupational and Business Licensing 555 Wright Way Carson City, NV 89711 Reno/Carson City (775) 684-4DMV (4368) Las Vegas (702) 486-4DMV (4368) dmv.nv.gov

## VEHICLE INDUSTRY BUSINESS LICENSE BOND NRS and NAC Chapter 487

Bond Number:	License Type:  Wrecker  Salvage Pool
KNOW ALL MEN BY THESE PRESENTS:	
That(Individual or Cor	porate Name and Name Doing Business as) , as principal,
located in the County of	, State of Nevada, obligee,
of the laws of the state of	, a corporation organized and existing under and by virtue  and authorized to transact a surety business in the State of Nevada,
for the payment of which well and truly to be made w successors and assigns jointly and severally, firmly by	Nevada in the penal sum ofTHOUSAND DOLLARS e hereby bind ourselves, our respective heirs, administrators, executors, these presents:
To be effective on the	day of ,,
THE CONDITION OF THIS OBLIGATION IS SUCH T	HAT:
WHEREAS, the above-named principal has -mobile wrecker or salvage pool; and	been licensed to carry on or conduct in this State the business of an auto
of the automobile wrecker, or salvage pool in violation or <b>Nevada Administrative Codes</b> may bring action is continuous in form and the total aggregates liability of event of a dispute of a claim by the surety company,	agrees that any person injured by the fraud of fraudulent representation of any of the provisions of <b>Chapter 487 of the Nevada Revised Statutes</b> in said injured person's own name against the said surety. This bond is the bond is limited to the payment of the total amount of the bond. In the application may be made to the Director, Department of Motor Vehicles, director may authorize payment of funds from here said surety coverage.
	(SEE BACK)

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	Bond Number:
This bond may be canceled by the tention to do so. Said cancellation shall be Department of Motor Vehicles, Occupational	surety at any time by giving written notice by registered mail of its desire and ineffective thirty (30) days after the recipient of said notice by the State of Nevada and Business Licensing Section.
Signed, sealed, and dated this	day of ,
	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)
	Ву
	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)

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(Surety Seal)