

# **FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**



**ADAM H. PUTNAM  
COMMISSIONER**

## **SELLERS OF TRAVEL REGISTRATION APPLICATION**

Sections 559.926 – 559.939, Florida Statutes  
Rule 5J-9.002, Florida Administrative Code

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
**Sellers of Travel Registration Application**

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FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
**Sellers of Travel Registration Package**

A seller of travel is any resident or nonresident person, firm, corporation, or business entity that offers, directly or indirectly, prearranged travel or tourist-related services for individuals or groups, through vacation packages, or through vacation certificates in exchange for a fee, commission, or other valuable consideration. The term includes such person, firm, corporation, or business entity who sells a vacation certificate to third-party merchants for a fee, or in exchange for a commission, or who offers such certificates to consumers in exchange for attendance at sales presentations. The term also includes any business entity offering membership in a travel club or travel service for an advance fee or payment, **even if no travel contracts or certificates, or vacation, or tour packages are sold by the business entity**. The term does not include third parties who may offer prearranged travel or tourist-related services, but do not participate in travel fulfillment or vacation certificate redemption.

Any seller of travel that has a business location in Florida or that offers to sell travel related services in Florida for individuals or groups is required to register with the department.

**Persons who have contracted with the Airlines Reporting Corporation (ARC) for 3 years or more under the same ownership and control are not required to register but must have a statement of exemption issued by the department in order to obtain a local business tax receipt. Sellers of travel that offer vacation certificates, must have contracted with ARC for 5 years or more, under the same ownership and control, to qualify for this exemption.**

All registrations are valid for one year, beginning the day the certificate is issued, unless suspended or revoked for cause. Continued operation with an expired registration or bond will result in legal action by the department which may include injunctive relief, order to cease and desist, and civil or administrative fines.

If a seller of travel fails to register with the department, the penalties can include civil or administrative fines, cease and desist order, and injunctive relief. Each sale or attempted sale may be considered a separate violation.

Sellers of travel claiming an exemption under s. 559.935(2) or 559.935(3), F.S., must obtain a letter of exemption from the department.

Sellers of travel who offer vacation certificates MUST ANNUALLY submit the documents required under s. 559.9295, F.S., including a copy of the contract in compliance with s. 559.932, F.S., and pay an additional fee of \$100.

**MILITARY FEE WAIVER FOR INITIAL REGISTRATION**

The department shall waive the initial registration fee for an honorably discharged veteran of the United States Armed Forces, the spouse of such a veteran, or a business entity that has a majority ownership held by such a veteran or spouse if the department receives FDACS-10200, Sellers of Travel Registration Application, Rev. 04/17, FDACS-10991, Military Veteran Fee Waiver Request, 10/16, and required documentation within 60 months after the date of the veteran's discharge from any branch of the United States Armed Forces. FDACS-10991, Military Veteran Fee Waiver Request, 10/16, is incorporated by reference in Rule 5J-26.001, F.A.C. Please see s. 559.928(2)(c), F.S., for waiver qualifications.

**CHECKLIST AND INSTRUCTIONS**

**Item #1**

Provide the legal name of the organization **exactly** as it appears in its articles of incorporation or organizational document. If using a fictitious name (DBA), provide that name also. **Note: Corporate, LLC, and Fictitious Names are verified with the Florida Department of State, Division of Corporations and must match the name exactly as filed.**

**Item #2**

Provide the principal street address for the organization. Include the suite, room, or other unit number. The address cannot be a mail drop or virtual address. If the mailing address (i.e. a generally used post office box) is different from the organization's street address, provide that address as well. **Note: In order for correspondence to be sent directly to an attorney or other third party, you must insert the attorney's or third party's address as the mailing address for the organization.**

**Item #3**

You must provide a primary telephone number, including the area code, for the organization. If the organization does not maintain a specific location, provide the telephone number of a person who will represent the organization. Also, provide the address for electronic mail and web site if used to provide information to or communicate with the public.

**Item #4**

Provide the name, title and address of the designated contact person.

**Item #5**

Provide the organization's federal employer identification number. **Note: Taxpayers can obtain an EIN immediately by calling the IRS Business and Specialty Tax Line (800-829-4933).**

**Item #6**

Check the appropriate box and submit the required documents under s. 559.9295, F.S.

**Item #7**

Check the appropriate box, complete the requested information and submit required documents. Attach additional sheets if necessary.

**Item #8**

Complete requested information for each individual owner, all partners, corporate officers and directors.

**Item #9**

Complete the requested information for the registered agent.

**Item #10**

Complete the requested information for each individual owner, all partners, corporate officers and directors listed in question #8. If the answer to any question is Yes, provide on a separate sheet the name of such person, the nature of the offense, the court having jurisdiction, the disposition of the offense, the date of disposition, and any other pertinent information.

**Item #11**

Complete the requested information for each location owned by the applicant. It should have the same name and ownership to be considered a branch location.

**Item #12**

Check the appropriate box and if applicable, provide the agent's trade name, full name, mailing address and telephone number. If there are more than twenty-five (25) independent agents, please provide the requested information in an Excel spreadsheet format.

**Item #13**

If applicable, check the appropriate box and provide the information requested.

**Item #14**

Check the appropriate box.

**Verification and Execution**

Complete the information requested for the person(s) completing the application. Have the application executed by a duly-authorized person.

**CONTRACT, ADVERTISEMENT, CERTIFICATE, OR TRAVEL DOCUMENT REQUIREMENTS**

Registered Sellers of Travel must include the following phrase in their contracts, advertisements, certificates, and travel documents:

**(NAME OF FIRM)... is registered with the State of Florida as a Seller of Travel, Registration No. \_\_\_\_\_.**

In addition, all registered Sellers of Travel shall prominently display in the Seller of Travel's primary place of business, the certificate of registration issued by the department.

## SECURITY REQUIREMENTS

Persons who have been in the travel business for 5 or more consecutive years in compliance with Florida law may apply to the department for a waiver of the security by filing a Security Waiver Application (provided on Page 6 of the registration application).

Sellers of travel that **DO NOT** offer vacation certificates, must submit a completed registration form, non-refundable fee of \$300 and proof of assurance in the form of a Surety Bond, in the amount of \$25,000. However, a seller of travel that **does not** offer vacation certificates and that has a history of no unresolved complaints may request a reduction of security by completing the Security Reduction Application and submitting it with **a copy of the seller of travel's federal income tax return or an audited financial statement for the immediately preceding fiscal year**. The criteria for deciding the amount of the security is as follows:

- \$10,000** Newly established business, business under new ownership, or a business that has been under the same ownership and control for at least one year and has less than \$500,000 in gross annual sales. **A newly established business need not provide financial documents.**
- \$15,000** Business under the same ownership and control for at least one year with gross annual sales between \$500,000 and \$1,000,000.
- \$20,000** Business under the same ownership and control for at least one year with gross annual sales between \$1,000,000 and \$2,000,000.

Sellers of Travel **that offer vacation certificates MUST** submit a completed registration form, a **\$300** registration fee; **\$100** document submission fee; **\$50,000** Surety Bond; and the vacation certificate documents required by ss. 559.9295 and 559.932, Florida Statutes.

### Your registration will be denied if:

- Registration form and fee are NOT supplied, **OR**
- Surety Bond is NOT completed properly (Seals, signatures by principal and witnesses are missing), Power of Attorney is not included with Surety Bond

**Original** documents for Surety Bond must be submitted. **COPIES WILL NOT BE ACCEPTED.**

## OTHER REQUIREMENTS

Please submit everything listed above (completed application, proper security, vacation certificate and check or money order for registration fee, made payable to the Florida Department of Agriculture and Consumer Services [FDACS]) to:

FDACS  
Sellers of Travel Program  
P.O. Box 6700  
Tallahassee, FL 32314-6700

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



ADAM H. PUTNAM  
COMMISSIONER

**SELLERS OF TRAVEL  
REGISTRATION APPLICATION**

Sections 559.926 – 559.939, Florida Statutes  
Rule 5J-9.002, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800 *Calling Outside Florida*  
www.800helpfla.com • (850) 410-3804 *Fax*

Remit Non-Refundable Application  
Fee Online at:

[www.FreshFromFlorida.com](http://www.FreshFromFlorida.com)

- or -

Check or Money Order payable to  
FDACS and remit with application  
to:

FDACS  
P.O. Box 6700  
Tallahassee, FL 32314-6700

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.  
PLEASE TYPE OR PRINT. Attach additional pages as necessary using the same format. ALL FEES ARE NON-REFUNDABLE.

**Please select one:**

- New Application       Renewal Application

**Business Information**

**1. Name of Business** (Legal name as registered with the Florida Department of State, Division of Corporations):

**\*\* Fictitious (DBA) Name:**

*\*\*All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations.*

**2. Business Street Address** (Include APT or SUITE # in all address lines. May not be a mail drop or virtual address.):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different from above):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3. Telephone Number:**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Fax Number:**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:**

**Website:**

**4. Name of Contact Person:**

**Title of Contact Person:**

Mailing Address (if different from above):

City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Org Code: 42 10 06 25 000	
EO: A2	
Object Code: 001109	\$300.00
Object Code: 001110	\$300.00
Object Code: 001114	\$100.00

**5. Federal Employer ID #:**

\_\_\_\_\_ - \_\_\_\_\_

**6. Vacation Certificate Seller:**

- Yes       No

## Ownership

### 7. Please Check One:

Corporation: \_\_\_\_\_  
*Corporation Name as Registered with the Florida Department of State, Division of Corporations*

Sole Proprietor: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
*Last Name First Name MI.*

Partnership: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
*Last Name First Name MI.*

\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
*Last Name First Name MI.*

Other: \_\_\_\_\_  
*Please Describe*

**State of Incorporation:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Document Number:** \_\_\_\_\_

If a foreign corporation, date filed with the Florida Division of Corporations: \_\_\_\_\_

**Corporation's Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Corporation's Mailing Address** (if different from above): \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## Information about Owners, Partners, or Officers

### 8. Enter the name and address of each individual owner, all partners, corporate officers, and directors. [s. 559.928(8), F.S.]

<b>Name:</b> _____	<b>Title:</b> _____
<b>Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip Code:</b> _____ - _____
<b>Telephone Number:</b> _____	<b>Percent of Ownership:</b> _____ %
( _____ ) _____ - _____	

<b>Name:</b> _____	<b>Title:</b> _____
<b>Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip Code:</b> _____ - _____
<b>Telephone Number:</b> _____	<b>Percent of Ownership:</b> _____ %
( _____ ) _____ - _____	

<b>Name:</b>	<b>Title:</b>
_____	
<b>Address:</b>	
_____	
<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
_____	_____ - _____
<b>Telephone Number:</b>	<b>Percent of Ownership:</b>
( _____ ) _____ - _____	_____ %

**9. Enter the name and address of the registered agent:**

<b>Name:</b>	
_____	
<b>Address:</b>	
_____	
<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
_____	_____ - _____
<b>Telephone Number:</b>	
( _____ ) _____ - _____	

**10. Check Yes or No for each response. If Yes, provide on a separate sheet the name of such person, the nature of the offense, the court having jurisdiction, the disposition of the offense, the date of disposition, and any other pertinent information. Have any persons listed in question #8, (any officers, directors, owners, or general partners):**

- Yes**     **No**    Been convicted of a crime involving fraud, theft, embezzlement, dishonest dealing, or any other act of moral turpitude or any other act arising out of conduct as a seller of travel?
- Yes**     **No**    Failed to satisfy a civil fine or penalty arising out of any administrative or enforcement action brought by any governmental agency or private person based upon conduct involving fraud, theft, embezzlement, dishonest dealing, or any violation of the Florida Sellers of Travel Act?
- Yes**     **No**    Had a judgment entered against her or him in any action brought by the department or the Department of Legal Affairs pursuant to ss. 501.201-501.213 or the Florida Sellers of Travel Act?

**11. Additional locations owned by applicant (if more than one, provide all of the following on a separate sheet):**

**Name of Business** *(Additional Location):*

\_\_\_\_\_

**Business Street Address:**

\_\_\_\_\_

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
_____	_____	_____ - _____

**Telephone Number:**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Name of Manager:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
_____	_____	_____ - _____



12. Will you be authorizing independent agents?  Yes  No

If **Yes**, please provide a list of all agents, including the agent's trade name, full name, mailing address, business address, and telephone numbers. Each authorized agent is required annually to file an application with the department prior to engaging in business in this state (ss. 559.928(1) and (3), F.S.). If there are more than twenty-five (25), provide the information on an Excel spreadsheet.

13. Are you an Airlines Reporting Corporation (ARC) member?:  Yes  No

ARC Owner Since: \_\_\_\_\_ Member #: \_\_\_\_\_ Date Appointed: \_\_\_\_\_  
 VTC

Please provide a copy of your ARC appointment letter.

\_\_\_\_\_  
*Signature of Owner or Authorized Officer*

\_\_\_\_\_  
*Date*

### Type of Security Provided

14. Please Check One:

- Surety Bond:  original enclosed  on file with the department  
 Request for waiver of security, pursuant to s. 559.929, F.S.

### Verification and Execution

Pursuant to the Florida Sellers of Travel Act, ss. 559.926 – 559.939, Florida Statutes (the Act), I verify:

- I. No director, officer, owner, or general partner has ever:
- a. Been convicted of a crime involving fraud, theft, embezzlement, dishonest dealing, or any other act of moral turpitude or any other act arising out of conduct as a seller of travel;
  - b. Not satisfied a civil fine or penalty arising out of any administrative or enforcement action brought by any governmental agency or private person based upon conduct involving fraud, theft, embezzlement, dishonest dealing, or any violation of the Act;
  - c. Had a judgment entered against her or him in any action brought by the department or the Department of Legal Affairs pursuant to ss. 501.201-501.213 or the Act; and
- II. That I am authorized to execute this application on behalf of this business. I further affirm that the representations made in the attached application are true to the best of my knowledge.

Name of Business:

\_\_\_\_\_  
*Signature \**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



ADAM H. PUTNAM  
COMMISSIONER

**SELLERS OF TRAVEL  
SECURITY REDUCTION APPLICATION**

Sections 559.926 – 559.939, Florida Statutes  
Rule 5J-9.006, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 488-2221 *Calling Outside Florida*  
www.800helpfla.com • (850) 410-3804 *Fax*

*Please return application to:*  
FDACS  
Sellers of Travel Program  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

In accordance with the provisions of Section 559.929, Florida Statutes, and any applicable rules, application is made by:

**Name\*:**

**Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**If applicant doing business under a fictitious name, please state of following:**

**Fictitious Name:** \_\_\_\_\_ **Date Filed with the Division of Corporations:** \_\_\_\_\_

*\* If the business is a corporation, then "Name" is the legal name of the business as listed with the Florida Department of State, Division of Corporations. Name and address must match the registration application as filed with the Department AND the Department of State.*

**Date applicant began business operations at its present location, under its present ownership:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**This business is (Please check one):**

- A \_\_\_\_\_ Corporation, and ( is / is not ) authorized to do business in Florida.  
*state of incorporation*
- A partnership (on a separate page list the names, addresses, and phone numbers of all partners, limited and general)
- A sole proprietorship

**Pursuant to 559.929, F.S., the security amount shall be \$25,000. A reduction may be granted according to the following:**

- A business that has been in operation under the same ownership and control for at least one year, with gross annual sales under \$500,000, may request to reduce its security bond to \$10,000.
- A business that has been in operation under the same ownership and control for at least one year, with gross annual sales between \$500,000 and \$1,000,000, may request to reduce its security to \$15,000.
- A business that has been in operation under the same ownership and control for at least one year, with gross annual sales between \$1,000,000 and \$2,000,000, may request to reduce its security to \$20,000.
- A newly established business, or a business under new ownership may apply to reduce its security to \$10,000. "Newly established" means a business that has operated for less than one year.

**Applicant therefore requests Security Reduction to:**  \$10,000  \$15,000  \$20,000

*This request will not be considered unless accompanied by your most recent federal tax return or an audited financial statement for the immediately preceding fiscal year (not applicable if you are a newly established business).*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



ADAM H. PUTNAM  
COMMISSIONER

**SELLERS OF TRAVEL  
SECURITY WAIVER APPLICATION**

Sections 559.926 – 559.939, Florida Statutes  
Rule 5J-9.006, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800 *Calling Outside Florida*  
www.800helpfla.com • (850) 410-3804 *Fax*

Please return application to:

FDACS  
Sellers of Travel Program  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

In accordance with the provisions of Section 559.929, Florida Statutes, application is made by:

**Name of Business** (If the business is a corporation, then "Name" is the legal name of the business as listed with the Florida Department of State, Division of Corporations. Name and address must match the registration application as filed with the department AND the Department of State.):

**Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

If applicant doing business under a fictitious name, please state of following:

**Fictitious Name:**

**Date Filed with the Division of Corporations:**

**Applicant states this Seller of Travel:**

- Has had five (5) or more consecutive years of experience as a seller of travel in Florida in compliance with sections 559.926 – 559.939, F.S.; **and**
- Has not had any civil, criminal, or administrative action instituted against it in the vacation and travel business by any government agency or any action involving fraud, theft, misappropriation of property, moral turpitude, or other violation of this part; **and**
- Has a satisfactory consumer complaint history with the department.

**Any waiver granted pursuant to this application may be revoked by the department if the seller of travel violates any provisions of the Florida Sellers of Travel Act, or the rules promulgated thereunder.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

**SELLERS OF TRAVEL  
SURETY BOND**

1-800-HELP-FLA (435-7352) • (850) 410-3600 *Calling Outside Florida*  
www.800helpfla.com • (850) 410-3804 *Fax*

*Section 559.929, Florida Statutes  
Rule 5J-9.006, Florida Administrative Code*

*Return completed form to:*

FDACS  
Sellers of Travel Program  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

**Surety Bond Number:**

**Date of Surety Bond:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**KNOWN ALL BY THIS PRESENT INSTRUMENT that we,**

**Principal (Applicant/Registrant)**

**Name of Business** (Legal name as registered with the Florida Department of State (if applicable) followed by fictitious/dba name):

\_\_\_\_\_

**Physical Street Address of Seller of Travel:**

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address** (if different from above):

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Fax Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:**

\_\_\_\_\_

**AND**

**Surety**

**Name** (Full legal name of Surety):

\_\_\_\_\_

**Street Address:**

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address** (if different from above):

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Fax Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Bond # \_\_\_\_\_

which Surety is authorized to do business and issue surety bonds in the state of Florida, are held firmly bound unto the state of Florida, Department of Agriculture and Consumer Services, ("Obligee"), in the sum of \$ \_\_\_\_\_ for the use and benefit of any consumer who is injured by the fraud, misrepresentation, breach of contract, financial failure, or violation of any provision of Sections 559.926-559.939, F.S., the Florida Sellers of Travel Act, by the Principal. NOW, THEREFORE, the condition of this obligation is such that if the Principal shall perform or cause to be performed the contracted services for which the Principal may be held liable by reason of the Principal's failure to perform, fulfill, or carryout any contract, agreement, or arrangement governed by Sections 559.926-559.939, F.S., and shall not injure a consumer by fraud, misrepresentation, breach of contract, financial failure or violation of the Florida Sellers of Travel Act by the Principal, then this obligation shall be void. Otherwise this obligation shall remain in force and effect in law subject, however, to the following limitations:

- 1. That the Obligee (state of Florida) shall notify the Surety of any default of the Principal hereunder, at the earliest possible time following the discovery of such default.
- 2. That the Surety shall promptly notify the Obligee in writing of any changes in either the Principal or amount of bond set forth above. However, failure of the Surety to provide such notice shall not affect the validity of this bond.
- 3. That if the Surety shall so elect, this bond may be canceled by giving 30 days written notice to the Obligee. Said notice shall contain full name, city, and state where the Principal is located, and the agency code number assigned to the Principal by the Obligee. The Surety, however, will remain liable for any default occurring during the period up to the expiration of said 30 day notice and such 30 day period shall begin only upon receipt of said notice by the Obligee.
- 4. That in no event shall the Surety be liable for a greater amount than that shown above.

This bond is effective this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 12:01 A.M., standard time and shall continue in force until canceled.

In witness hereof, the Principal and Surety have executed this instrument through their respective undersigned representatives, who are fully authorized to execute this instrument, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Principal**

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Full Legal Name of Principal (Applicant)*

**Surety**

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Signature (Seal)*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Title*

**Local Agent**

\_\_\_\_\_  
*Name of Local Agent*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Contact Person*

\_\_\_\_\_  
*Contact Telephone Number*