



96-0224 R08/16 azdot.gov

Mail Drop 527M  
 Motor Carrier and Tax Services  
 Motor Vehicle Division  
 PO Box 2100  
 Phoenix AZ 85001-2100

# IFTA BOND

Bond Number
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Principal Name (IFTA Licensee)		Business Type	
		<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Trade Name/Doing Business As		Business Location City	State
Surety Name			Surety State

The Surety named above, a corporation duly organized and existing under and by virtue of the laws of the Surety State named above and duly authorized by the Arizona Department of Insurance under the laws of the State of Arizona to do a general surety business in the State of Arizona, and the Principal named above are held and firmly bound unto the State of Arizona in the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_ ) lawful money of the United States, to be paid to the said State of Arizona, or its assigns, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly, and severally, firmly by these presents.

The conditions of the above obligation are such that:

Whereas, the above bounden Principal did on the date of \_\_\_\_\_, duly and regularly make application to the Director of the Arizona Department of Transportation, for a license to be an IFTA Licensee in the State of Arizona, as provided in ARS Title 28, Chapter 16, Article 2.

Now, therefore, if the said IFTA License shall be granted to the Principal and if the Principal as an IFTA Licensee shall well, truly and faithfully perform all acts and duties required by law, and all such additional duties as may hereafter be imposed upon the Principal by the law, and shall well, truly and faithfully pay to the State of Arizona, at the time and in the manner provided by law and all monies due the State of Arizona, from the Principal as such an IFTA Licensee, from and after the date of \_\_\_\_\_, then this obligation shall be void, otherwise to remain in full force and effect.

Provided further that the limit of the liability of the Surety is that of the penal sum above set forth, regardless of the length of period of time after the date hereof. No party other than the named obligee, and the successors, administrators, and assigns of the obligee shall have any right under this bond.

If the Surety herein shall so elect, liability under this bond may be terminated by it by the giving of 60 days written notice of such desire to terminate liability to the Director of the Arizona Department of Transportation, State of Arizona, delivered to the address set forth above, in which event said termination of liability shall become effective on the last day of the month that includes the end of the 60 day period, as provided by law, unless a new bond shall have been filed by such Principal and accepted by the Director, prior to such time, in which event such termination of liability shall be effective from the effective date of such new bond. Such notice of desire to terminate liability thereunder shall not affect the liability of the Surety for any acts or omissions of such Principal occurring prior to the effective date of termination, but such Surety shall continue to be liable under all of the provisions of this bond for all acts and omissions of such Principal occurring prior to the time such termination shall become effective, to the same extent as if such notice of termination had not been given.

This bond is a continuing bond and shall continue in full force and effect from and after the date of its execution until terminated by and in the manner herein set out. A power of attorney must be attached designating the Surety Attorney-In-Fact.

The Principal and Surety executed this bond on \_\_\_\_\_.

Surety Attorney-In-Fact Name	Principal or Duly Authorized Officer Name	Signature
Phone ( )	Partner Name	Signature
Signature	Partner Name	Signature

Arizona License Insurance Producer	Title	Send Bond Claims To
Mailing Address		Mailing Address
City, State, Zip Code	AZ Producer License Number	City, State, Zip Code
E-mail Address	Fax ( )	Phone ( )
Signature	Phone ( )	