	BOND NUMBER:	
That we		
		as principal and
company qualified to do business in the State of Florida, as surety are Division of Motorist Services of the State of Florida as obligee, and t Dollars, for the payment whereof well and truly to be made, we do successors and assigns, firmly these presents:	he successors in office of said Director, in the pe	nal sum of \$
Signed and Sealed thisday of,	·	
The condition of the above is such that:		
WHEREAS, the above-named principal has made to the ob- Statutes, to engage in the business of operating a rebuilt motor vehicle i		er Section 319.141, Florida
WHEREAS, the above named principal is required as a condition hereto a good and sufficient surety bond for the authorization period coviolate any of the provisions of Chapter 319.141, Florida Statutes, Understanding entered into between the parties, in the conduct of the business.	onditioned that said principal shall comply with the or the Private Rebuilt Motor Vehicle Inspection	e conditions of and shall not
WHEREAS, such bond shall be in favor of said obligee who contained.	shall suffer any loss as a result of any violation of	f the conditions hereinabove
NOW, THEREFORE, if the above-named principal shall fully Inspection Program Memorandum of Understanding entered into betwee the rebuilt motor vehicle inspection program, then this obligation shall I This bond becomes effective as of	ten the parties by him/her as such operator in connote void, otherwise to remain in full force and effec	ection with the operation of t. issued for the term ending _
and may be continued by authorization e	ach year in support of any one (1) year, exceed the	sum of the bond.
	a bigar will to a bar	
If this Memorandum of Understanding is terminated by \$ Surety Bond must remain in effect for o may arise.	ne year after cessation of business activities to cov	_
\$Surety Bond must remain in effect for o	-	_
\$Surety Bond must remain in effect for o may arise.	-	_
\$ Surety Bond must remain in effect for o may arise. NAME OF BUSINESS	ne year after cessation of business activities to cov	ver any loss or damages that
\$ Surety Bond must remain in effect for o may arise. NAME OF BUSINESS SIGNATURE OF PRINCIPAL	ne year after cessation of business activities to cover a section of business activities activities to cover a section of business activities	ver any loss or damages that
\$ Surety Bond must remain in effect for o	SIGNATURE OF SURETY AGENT ADDRESS OF SURETY AGENT	ver any loss or damages that

TELEPHONE NUMBER