Certification of Bonded Status

NYS DEPARTMENT OF STATE
DIVISION OF LICENSING SERVICES
P.O. Box 22001
Albany, NY 12201-2001

Customer Service: (518) 474-4429
www.dos.ny.gov

Date: _____

Certification of Bonded Status

This will certify that our bond number _____ , dated _____ ,

With _____ , _____ ,
(Licensee's Name) *(Business Address)*

As principal, continues in full force and effect.

_____
(Surety)

_____
(Street Address)

_____
(City, State and Zip Code)

Dated: _____ By: _____

Acknowledgement by Corporation (Surety)

STATE OF NEW YORK)
COUNTY OF) ss:

On this _____ day of _____ , 20_____, before me personally came _____ , to me known, who being by me fully sworn, did depose and say that he/she is the _____ of the _____ , the corporation described in and which executed the within instrument, that he/she knows the seal of said corporation, that the seal affixed to said instrument is such corporation seal; that it was so affixed by the order of the Board of Directors of said corporation; and that he/she signed his/her name thereto by like order.

_____
(Notary Public)

_____
(Applicant's Signature)