



**Illinois Department
of Transportation**

Effective Date: _____

Bond Form

Bond Number _____

KNOW ALL MEN BY THESE PRESENTS, THAT (we) _____
Official Testing Station

Address City State Zip Code

(herein called the Principal). As Principal, and _____ of
Insurance Company Name

Address City State Zip Code

(herein called the Sureties), as Sureties, are held firmly bound unto the People of the State of Illinois in the sum of One Thousand Dollars (\$1,000.00) with security provided by a bonding company in good standing with the Illinois Department of Insurance for the payment whereof well and truly to be made said Principal and said Sureties bind themselves jointly, severally and firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT WHEREAS THE PRINCIPAL has made application to the Department of Transportation of the State of Illinois for a permit to operate a testing station in relation to the Illinois Vehicle Code, as amended, and desires to comply with Chapter 13 by giving the bond as provided for therein.

NOW THEREFORE, if the said Principal shall faithfully observe the applicable laws and the rules and regulations, as amended, under a permit issued pursuant to the above Illinois Vehicle Code, this obligation shall be null and void, otherwise to remain in full force and effect.

This bond is executed by the Sureties with the understanding that they or either of them may terminate their liability under this bond, only by giving thirty days written notice thereof served either personally or by registered mail on the Department of Transportation, P.O. Box 19212, Springfield, Illinois 62794-9212, and upon giving such notice the Surety shall be discharged from all liability under this bond for any act or omission of the Principal occurring after the expiration of thirty days from the date of service of such notice. (Require Corporate Surety, i.e. Require the station to have as surety a corporation authorized by the State of Illinois to execute surety bonds.)

Signed and sealed this _____ day of _____
Number Month year

By: _____
Printed Name of Lane Owner/Corporate Officer

Signature of Lane Owner/Corporate Officer

Insurance Company Name

By: _____
Printed Name of Insurance Company Representative

Signature of Insurance Company Representative