


<b>CONSENT OF SURETY</b>	1. CONTRACT NUMBER CASENUMBERXXX	2. MODIFICATION NUMBER 01	3. DATED TODAY'S DATE	OMB Control Number: 9000-0045 Expiration Date: 8/31/2025
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Paperwork Reduction Act Statement - This information collection meets the requirements of 44 USC § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0045. We estimate that it will take 1 hour to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street, NW, Washington, DC 20405.

The Surety (Co-Sureties) consents (consent) to the foregoing contract modification and agrees (agree) that its (their) bond or bonds shall apply and extend to the contract as modified or amended.

<b>4.</b> INDIVIDUAL PRINCIPAL	a. NAME OF PRINCIPAL  FIRST MIDDLE LAST			c. SIGNATURE  By: <i>First Middle Last</i> 		(Affix Seal)
	b. BUSINESS ADDRESS			d. TYPED NAME First Middle Last, as surety		
	STREET ADDRESS YOUR ADDRESS OR JAIL ADDRESS			e. TYPED TITLE Attorney in Fact		
	CITY CITY / TOWN	STATE ST	ZIP CODE 12345	f. DATE THIS CONSENT EXECUTED TODAY'S DATE		
<b>5.</b> CORPORATE PRINCIPAL	a. NAME OF PRINCIPAL			c. PERSON EXECUTING CONSENT (Signature)		(Affix Seal)
	b. BUSINESS ADDRESS			d. TYPED NAME		
	STREET ADDRESS			e. TYPED TITLE		
	CITY	STATE	ZIP CODE	f. DATE THIS CONSENT EXECUTED		

**6. CORPORATE/INDIVIDUAL SURETY (CO-SURETIES)**

The Principal or authorized representative shall execute this consent of surety with the modification to which it pertains. If the representative (e.g., attorney-in-fact) that signs the consent is not a member of the partnership, or joint venture, or an officer of the corporation involved, a Power-of-Attorney or a Certificate of Corporate Principal must accompany the consent.

<b>A</b>	a. CORPORATE/INDIVIDUAL SURETY'S NAME  FIRST MIDDLE LAST			c. PERSON EXECUTING CONSENT (Signature)  By: <i>First Middle Last</i> 		(Affix Seal)
	b. BUSINESS ADDRESS			d. TYPED NAME First Middle Last		
	STREET ADDRESS 55 WATER ST., 1st Floor			e. TYPED TITLE Attorney in Fact		
	CITY NEW YORK	STATE NY	ZIP CODE 10041	f. DATE THIS CONSENT EXECUTED TODAY'S DATE		
<b>B</b>	a. CORPORATE/INDIVIDUAL SURETY'S NAME			c. PERSON EXECUTING CONSENT (Signature)		(Affix Seal)
	b. BUSINESS ADDRESS			d. TYPED NAME		
	STREET ADDRESS			e. TYPED TITLE		
	CITY	STATE	ZIP CODE	f. DATE THIS CONSENT EXECUTED		
<b>C</b>	a. CORPORATE/INDIVIDUAL SURETY'S NAME			c. PERSON EXECUTING CONSENT (Signature)		(Affix Seal)
	b. BUSINESS ADDRESS			d. TYPED NAME		
	STREET ADDRESS			e. TYPED TITLE		
	CITY	STATE	ZIP CODE	f. DATE THIS CONSENT EXECUTED		

*(Add similar signature blocks on the back of this form if necessary for additional co-Sureties)*