

AFFIDAVIT OF INDIVIDUAL SURETY

(See instructions on reverse)

OMB Control Number: 9000-0001

Expiration Date: 3/31/2024

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STATE OF YOUR STATE	COUNTY OF EXAMPLE	SS.
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I, the undersigned, being duly sworn, depose and say that I am: (1) the surety to the attached bond(s); (2) a citizen of the United States; and of full age and legally competent. Where the sureties are acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal. I recognize that statements contained herein concern a matter within the jurisdiction of an agency of the United States and the making of a false, fictitious or fraudulent statement may render the maker subject to prosecution under Title 18, United States Code Sections 1001 and 494. This affidavit is made to induce the United States of America to accept me as surety on the attached bond.

1. NAME <i>(First, Middle, Last) (Type or Print)</i> FIRST MIDDLE LAST	2A. HOME ADDRESS <i>(Number, Street, City, State, ZIP Code)</i> Birth Cert. # xxxxxxxxx SECRETARY OF STATE ADDRESS CITY, ST 12345
3. TYPE AND DURATION OF OCCUPATION surety / lifetime	2B. TELEPHONE NUMBER N / A
	2C. EMAIL ADDRESS example@email.com

4A. NAME AND ADDRESS OF EMPLOYER <i>(Number, Street, City, State, ZIP Code) (If self-employed, so state)</i> STATE OF YOUR STATE 1234 STATE ADDRESS HERE* CITY / TOWN, ST 12345 <i>*Look up the official state business address [usually located nearby the state capitol].</i>	5A. NAME AND ADDRESS OF INDIVIDUAL SURETY BROKER USED <i>(Number, Street, City, State, ZIP Code)</i> C.F.O., DEPOSITORY TRUST COMPANY 55 WATER ST., 1st Floor NEW YORK, NY 10041-0099
	5B. SURETY BROKER EMAIL ADDRESS N / A

4B. EMPLOYER EMAIL ADDRESS N / A	5C. HOME TELEPHONE NUMBER N / A	5D. BUSINESS TELEPHONE NUMBER OFFICIAL STATE PHONE NUMBER
6A. NAME AND ADDRESS OF FINANCIAL INSTITUTION SUBMITTING THE PLEDGE OF SECURITIES ON BEHALF OF INDIVIDUAL SURETY <i>(Number, Street, City, State, ZIP Code)</i> COURT / INSTITUTION NAME HERE 1234 THEIR ADDRESS ST. CITY / TOWN, ST 12345	6B. FINANCIAL INSTITUTION EMAIL ADDRESS <i>(IF AVAILABLE)</i> N / A	6C. ROUTING TRANSIT NUMBER (RTN) (LEAVE BLANK)
	6D. CONTACT PERSON NAME Judge Name Here	6E. CONTACT PERSON TELEPHONE NUMBER LOOK UP JUDGE'S INFO ON STATE BAR
	6F. CONTACT PERSON EMAIL ADDRESS PROVIDE E-MAIL ADDRESS IF AVAILABLE or N / A	

7. THE FOLLOWING IS A TRUE REPRESENTATION OF THE ASSETS I HAVE PLEDGED TO THE UNITED STATES IN SUPPORT OF THE ATTACHED BOND. (LIST THE COMMITTEE ON UNIFORM SECURITIES IDENTIFICATION PROCEDURES (CUSIP) NUMBER AND PAR (FACE) AMOUNT OF EACH SECURITY).

Bill of Exchange # xxxxxxx**

****refer to bill of exchange if one is included**

8. IDENTIFY ALL LIENS, JUDGEMENTS, OR ANY OTHER ENCUMBRANCES INVOLVING SUBJECT ASSETS.

COURT NAME GOES HERE, CASE NO. xxxxxxxxxxxxxx

9. IDENTIFY ALL BONDS, INCLUDING BID GUARANTEES, FOR WHICH THE SUBJECT ASSETS HAVE BEEN PLEDGED WITHIN THREE YEARS PRIOR TO THE DATE OF EXECUTION OF THIS AFFIDAVIT.

SF24, SF25, SF25A, SF1414;

OF90, OF91;

GOVERNMENT CONTRACT NUMBER SSN-xx-xxxx;

YOUR STATE Certificate of Birth File No. xxxxxxxxxxxxxx

DOCUMENTATION OF THE PLEDGED ASSET MUST BE ATTACHED.

10. SIGNATURE

BY:

11. BOND AND CONTRACT TO WHICH THIS AFFIDAVIT RELATES (where appropriate)

COURT NAME GOES HERE Case # xxxxxxxxxxxxxx

GOVERNMENT CONTRACT # SSN-xx-xxxx

12. SUBSCRIBED AND SWORN TO BEFORE ME AS FOLLOWS:

a. DATE OATH ADMINISTERED			b. CITY AND STATE (or other jurisdiction)		Official Seal
MONTH	DAY	YEAR	City / Town, Example County, State		
XX	XX	XXXX			
c. NAME AND TITLE OF OFFICIAL ADMINISTERING OATH (type or print)			d. SIGNATURE	e. MY COMMISSION EXPIRES	
NOTARY PUBLIC					