

## Seller of Travel/Out-of-State Seller of Travel Surety Bond

This is a surety bond for use by sellers of travel. When completed, send to: Seller of Travel, Department of Licensing, PO Box 9026, Olympia WA 98507-9026

Know all persons by these presents: That	
Legal name of applicant/owne	_
a	d liability company ☐ Other:
doing business as	
Business name	
as Principal, at the following address  Business address	
and/or	
Legal name of surety provider	
a	d liability company Uother:
organized and existing under the laws of the State of	
and authorized to transact business in the State of Washington, a sum of I \$10,000 I \$20,000 I \$30,000 I \$40,000 I \$50,000 doll	as Surety, are held and firmly bound unto the State of Washington in the lars lawful money of the United States of America to be paid to the said de, we bind ourselves, our heirs, executors, administrators, successors
Seller of Travel license by the Business and Professions Division on the business of a Seller of Travel or Out-of-State Seller of Travel	said principal has made application for a Seller of Travel or Out-of-State of the Department of Licensing of the State of Washington for carrying avel within the State of Washington; and is required by Chapter 19.138 um of at least \$10,000, but no more that \$50,000 Dollars with good and
and regulations adopted by the Director of the Department of Lice and will pay all amounts that may be adjudged against principal by	ons of Chapter 19.138 RCW of the State of Washington and with all rules ensing, of said state pursuant to the provisions of Chapter 19.138 RCW y reason of violation of Chapter 19.138 RCW or any rules or regulations a Seller of Travel or Out-of-State Seller of Travel then the above obligation
	for damage as a result of any violation by principal or his/her agent of nt thereto may bring suit on this bond in the Superior Court of the County nich jurisdiction of the principal may be had.
	der for any and all claims presented shall not exceed the penal sum of discancellation is effective thirty days after the Director of the Department's intent to cancel the bond.
In witness whereof, the said Principal and the said Surety have at	ffixed their hands and seal this
day of, Effect	ctive date of bond Bond number
Signature of Principal	Surety
X	Name
Signature of applicant/owner or individual authorized to sign	. Name
for partnership, corporation, LLC, or other entity	Attorney-in-Fact
(Surety seal)	Agency name
	Resident agent
	Address