

WASHINGTON STATE BOND CERTIFICATION FORM

MAIL or EMAIL to: Clancy Mullins / State Bonding Coordinator
Employment Security Department
PO Box 9046
Olympia, WA 98507-9046
Phone: 1-800-669-9271
bonds4jobs@esd.wa.gov

EMPLOYER RECEIVING BOND

COMPANY NAME & INDUSTRY _____

FEIN - _____

CONTACT PERSON NAME - _____

PHONE NUMBER - _____

ADDRESS - _____

CITY/STATE/ZIP - _____

WORKER COVERED BY BOND (please print clearly)

LAST NAME - _____ FIRST NAME _____

BOND EFFECTIVE DATE _____ SOC. SECURITY # _____

Occupation: _____ Ethnicity: _____

Reason for bond: *Justice Involved* *Other* *Starting wage* _____ *per hr.*

BOND INSURANCE AMOUNT REQUESTED

\$ _____ (If requesting more than \$5K, provide information on why higher amount is needed.)

(\$5K, \$10K, \$15K, \$20K, \$25K)

SIGNATURE (must be signed by originator and legible)

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TELEPHONE #