

THIRD PARTY COMMERCIAL DRIVER LICENSE TESTER BOND

_____ Company Name			_____ Surety		
_____ Company Address			_____ Surety Address		
_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip

**ADMINISTRATOR: South Dakota Driver Licensing Program
118 West Capitol, Pierre, SD 57501**

BOND NUMBER: _____

THE ABOVE NAMED PROMOTER AND SURETY, BEING DULY QUALIFIED TO DO BUSINESS IN THE STATE OF SOUTH DAKOTA, ARE HEREBY BOUND IN THE PENAL SUM OF \$10,000 FOR PAYMENT UNDER THE FOLLOWING TERMS AND CONDITIONS:

1. The above-named Third Party Tester (the Principal) is licensed or has applied to the South Dakota Driver Licensing Program (Driver Licensing) for a certificate to conduct business as a third party tester pursuant to ARSD 61:25:04 et. seq.
2. The State of South Dakota or any person(s) incurring costs for retesting drivers in the event that the Principal or one or more of its examiners is involved in fraudulent activity related to conducting skills testing of applicants for a commercial driver license shall have the right to bring an action on this bond against the Principal or the Surety as provided in SDCL 32-12A.
3. This bond is one continuing obligation and in no event shall the liability of the Surety exceed the penal sum of \$10,000.00 for the aggregate of all claims occurring while this bond is in force.
4. This bond is conditioned on the Principal's compliance with all provisions of ARSD 61:25:04.
5. The Surety shall have the right to terminate its obligation under this bond by filing written notice with Driver Licensing at least 30 days prior to the effective date of such termination. Obligations of the Surety arising prior to the effective date shall not be affected by the termination.
6. In the event the Surety makes full or partial payment on this bond, said Surety shall immediately give written notice of such payment to Driver Licensing.

This bond shall take effect on _____ and shall continue in force until it is terminated or cancelled.

EXECUTED ON this _____ day of _____, _____.

Principal
BY _____

NOTE: Persons executing for Surety other than corporate officers must attach Power of Attorney

SURETY _____

BY _____

ADDRESS _____

PHONE # _____