## AFFIDAVIT OF INDIVIDUAL SURETY

(See instructions on reverse)

OMB Control Number: 9000-0001 Expiration Date: 3/31/2024

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 9000-0001. We estimate that it will take 0.3 hours 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 (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

STATE OF	SS.		
I, the undersigned, being duly sworn, depose and say that I am: (1) the surety legally competent. Where the sureties are acting as co-sureties, we, the Suretor the purpose of allowing a joint action or actions against any or all of us. For Principal. I recognize that statements contained herein concern a matter withing fictitious or fraudulent statement may render the maker subject to prosecution to induce the United States of America to accept me as surety on the attached	ties, bind ourselves in such sum "jointly or all other purposes, each Surety binds on the jurisdiction of an agency of the Un under Title 18, United States Code Sec	and severally" as well as "severally" only itself, jointly and severally with the lited States and the making of a false,	
1. NAME (First, Middle, Last) (Type or Print)	2A. HOME ADDRESS (Number, Street, City, State, ZIP Code)		
3. TYPE AND DURATION OF OCCUPATION			
	2B. TELEPHONE NUMBER	2C. EMAIL ADDRESS	
4A. NAME AND ADDRESS OF EMPLOYER (Number, Street, City, State, ZIP Code) (If self-employed, so state)	5A. NAME AND ADDRESS OF INDIN (Number, Street, City, State, ZIP)		
	5B. SURETY BROKER EMAIL ADDRESS		
4B. EMPLOYER EMAIL ADDRESS	5C. HOME TELEPHONE NUMBER	5D. BUSINESS TELEPHONE NUMBER	
6A. NAME AND ADDRESS OF FINANCIAL INSTITUTION SUBMITTING THE PLEDGE OF SECURITIES ON BEHALF OF INDIVIDUAL SURETY (Number, Street, City, State, ZIP Code)	6B. FINANCIAL INSTITUTION EMAIL ADDRESS	6C. ROUTING TRANSIT NUMBER (RTN)	
	6D. CONTACT PERSON NAME	6E. CONTACT PERSON TELEPHONE NUMBER	
	6F. CONTACT PERSON EMAIL ADDRESS		
7 THE FOLLOWING IS A TRUE REPRESENTATION OF THE ASSETS LHA	VE PLENGED TO THE LINITED STAT	ES IN SUPPORT OF THE ATTACHED	

 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).

9. IDENTIFY ALL BONDS, INCLUDING BID GUARANT TO THE DATE OF EXECUTION OF THIS AFFIDAVI	TEES, FOR WHICH THE SUBJECT ASSETS HAVE BEEN T.	I PLEDGED WITHIN THREE YEARS P	RIOF
DOCUMENTATION	ON OF THE PLEDGED ASSET MUST BE AT	FACHED.	
10. SIGNATURE	11. BOND AND CONTRACT TO WHICH THI		riate
12. SUBSCRIBED AN	ID SWORN TO BEFORE ME AS FOLLOWS:		
a. DATE OATH ADMINISTERED  MONTH DAY YEAR	b. CITY AND STATE (or other jurisdiction)	Offici	al
c. NAME AND TITLE OF OFFICIAL ADMINISTERING OATH (type or print)	d. SIGNATURE	e. MY COMMISSION Sea	

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

## INSTRUCTIONS

- 1. Individual sureties on bonds executed in connection with Government contracts must complete and submit this form with the bond. (See Federal Acquisition Regulation (FAR) 28.203, 53.228(e).) The surety must have the completed form notarized.
- 2. No corporation, partnership, or other unincorporated association or firm, as such, is acceptable as an individual surety (i.e. must be a natural person). Likewise, members of a partnership are not acceptable as sureties on bonds that a partnership or an association, or any co-partner or member thereof, is the principal obligor. An individual surety will not include any financial interest in assets connected with the principal on the bond that this affidavit supports.
- 3. United States citizenship is a requirement for individual sureties for contracts and bonds when the contract is awarded in the United States. However, when the Contracting Officer is located in an outlying area or a foreign country, the individual surety is only required to be a permanent resident of the area or country in which the contracting officer is located.
- 4. All signatures of the affidavit submitted must be originals. Affidavits bearing reproduced signatures are not acceptable. An authorized person must sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of a firm, partnership, or joint venture, or an officer of the corporation involved.