FLORIDA DEPARTMENT OF REVENUE

MAIL TO:
ACCOUNT MANAGEMENT - FUEL UNIT
FLORIDA DEPARTMENT OF REVENUE
PO BOX 6480
TALLAHASSEE, FL 32314 - 6480

Fuel Tax Surety Bond

DR-157
R. 11/10

Please complete and submit an original bond form for each fuel product type or taxable pollutant. An applicant cannot be issued a fuel license by the Department of Revenue until the proper security is submitted. An importer's bond is required in addition to a wholesaler's bond pursuant to Rule 12B-5.030, F.A.C. If further information is needed, please contact Account Management at 800-352-3671.

State of_____ County of _____bond number _____

We, _____, as principal , and _____ ,
(name of principal) (name of surety)

as surety, are bound to the Florida Department of Revenue on behalf of the State of Florida, in the sum of

$ _____ for the payment of which we bind ourselves, our successors and assigns, heirs, and

personal representatives, jointly and severally.

Principal acknowledges that _____is engaged in business which is subject to the Florida Statute
(he, she, it)

identified below: (Please check the appropriate box.)

( ) Motor fuel pursuant to Chapter 206, F.S. ( ) Pollutants tax pursuant to Chapter 206, F.S.

( ) Diesel fuel pursuant to Chapter 206, F.S. ( ) Importer's bond pursuant to section 206.051, F.S.

( ) Aviation fuel pursuant to Chapter 206, F.S. ( ) Alternative fuel pursuant to Chapter 206, F.S.

THE CONDITION OF THIS BOND is that if the principal faithfully complies with the Florida statutory tax provisions regarding such business of the principal then this bond is void; otherwise it remains in force.

The surety agrees that if the surety wishes to cancel this bond, notification must be submitted in writing to the Department of Revenue. The bond will be cancelled sixty (60) days after the Department receives notification. The surety is liable for acts committed by the principal and covered by the terms of the bond until it is cancelled.

This bond shall be effective as of the _____day of _____, _____
(month) (year)

Signed this_____day of _____, _____.
(month) (year)

For DOR Use Only

Accepted this _____ day of _____, _____ .
(month) (year)

Florida Department of Revenue

By _____
Name

_____
Title

Account Number:_____

As Principal
By _____
(Principal's name)

As Surety
By _____
(Surety's name)

_____
(Surety's FEIN)

_____
(Surety's address)

_____
(City, State, ZIP)

By _____
As Attorney-In-Fact and Florida Resident Agent for Surety

(Authority of Attorney-In-Fact and Florida Resident Agent must be attached)