

**OFFICIAL INSPECTION STATION CERTIFICATE
OF APPOINTMENT BOND**

Bureau of Motor Vehicles • Vehicle Inspection Division • P.O. Box 68697 • Harrisburg, PA 17106-8697

ID NUMBER: _____

BOND NUMBER: _____

SIGNED AND SEALED ON: _____

Whereas, _____,
(Name of Principal)

doing business as _____,
(Business Name)

located at _____,
(Address and Telephone Number of Principal)

has submitted an application for a certificate of appointment of an official inspection station, and

(Name of Surety Company)

located at _____
(Address and Telephone Number of Surety)

a corporation incorporated under the laws of the State of _____, authorized
to transact the business of indemnity and suretyship in the Commonwealth of Pennsylvania (Commonwealth),
with a Pennsylvania main office located at

(Address and Telephone Number of Local Office)

as Surety, are held bound unto the Commonwealth, and to any person who shall suffer any damage to a vehicle during an inspection or adjustment due to negligence on the part of the Principal or its employees, as obligees in the full and just sum of \$10,000 to be paid to the Commonwealth or its assigns, to which payment we do hereby bind ourselves jointly and severally, our heirs, executors, administrators, successors and assigns.

Liability for the payment of this sum, to which we hereby obligate and bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, becomes effective upon: (1) appointment of the Principal as an official inspection station, and (2) failure by the Principal to strictly comply with all applicable provisions of Section 4722 of the Vehicle Code, 75 Pa.C.S. §4722, 67 Pa. Code, Chapter 175, and all orders, rules and adjudications issued pursuant to those statutes and regulations.

The Commonwealth may assign its interest in this bond to any person who shall make a claim against the bond. In such a case, the Commonwealth may release the surety company from liability to the Commonwealth.

This bond is effective beginning the date entered above, for a period of twelve (12) months and shall automatically renew for successive twelve month period(s) thereafter; provided, however, that in the event this bond is cancelled, or not renewed for any reason, the surety shall notify the Department of Transportation, Bureau of Motor Vehicles, Manager of the Vehicle Inspection Division, Riverfront Office Center, 4th Floor, 1101 S. Front Street, Harrisburg, PA 17104-2516, and the principal, at least sixty (60) days prior to the date that such action is to be taken. No cancellation shall take effect until a period of at least sixty (60) days has elapsed from the date of the notice given to the Bureau of Motor Vehicles. Cancellation of the bond shall automatically void the certificate of appointment. Inspections shall cease until the Commonwealth receives a new bond or proof of insurance.

If the Principal and/or Surety shall fail to keep any promise under this Bond, the Principal and Surety authorize and empower any attorney of any court of record within the United States, or elsewhere to appear for the Department and confess judgment against the Principal and/or Surety in favor of the Department. The Principal and Surety further authorize the Department to permit any other person to so confess judgment if the Department believes such person has been adversely affected by failure to keep any promise under this Bond, as often as necessary, as of any term, with or without declaration filed, without stay of execution and without presentment, for such sum or sums as may be payable, together with costs of suit and attorney fees, and with release of all errors.

Principal and Surety waive inquisition on any real estate and exemption of any property whatsoever, and authorize condemnation of same and immediate issuance of a Writ of Execution, or exemption, and release and waive relief from any and all appraisement, stay of execution, or exemption laws of any state or nation, now in force or hereinafter to be passed, to the extent such statutes may be waived.

CERTIFICATION BY PRINCIPAL

BY: _____

TITLE: _____

CERTIFICATION BY SURETY

BY: _____

TITLE: _____

NAME AND ADDRESS OF SURETY COMPANY AGENT

SEAL (IF REQUIRED)

NOTE: If this bond is being executed by power of attorney, a copy must be attached.