

# WASHINGTON STATE BOND CERTIFICATION FORM

MAIL or EMAIL to: Alice Barney / State Bonding Coordinator  
Employment Security Department  
PO Box 9046  
Olympia, WA 98507-9046  
Phone: 1-800-669-9271  
[bonds4jobs@esd.wa.gov](mailto: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: \_\_\_\_\_ Job Start Date \_\_\_\_\_

*Reason for bond:*     *Justice Involved*     *Other*     *Starting wage* \_\_\_\_\_ *per hr.*  
*Hours per Week* \_\_\_\_\_

## **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)

( ) \_\_\_\_\_  
TELEPHONE #