

ARKANSAS DIVISION OF HEALTH
STATE OF ARKANSAS
Certificate Bond

Bond Number _____
Effective Date _____
Expiration Date _____

KNOWN ALL MEN BY THESE PRESENTS: That we, _____
as principal, and _____ a corporation
duly incorporated under the laws of the State of Arkansas, as Surety, are held and firmly
bound unto the Arkansas Division of Health, as obligee, in the penal sum of ten thousand
dollars (\$10,000.00) for the payment of which we hereby bind ourselves, our heirs,
executors and administrators, jointly and severally by these presents.

The conditions of this are such that the said principal has applied for a certificate as a:

☒ Registered Installer ☐ Designated Representative

Now therefore, the condition of the obligation is such , that if the said Principal shall
faithfully observe the provisions of the statutes and rules, governing the issuance of the
certificate, then this obligation shall be null and void, otherwise to remain in full force and
effect.

The surety may cancel this bond at any time by filing with the Arkansas Division of Health
thirty (30) days written notice of its desire to be relieved of liability. The surety shall not be
discharged from any liability already accrued under this bond, or which shall accrue
hereunder before the expiration of the thirty day period. The aggregate liability of the
surety shall in no event exceed the above-stated penal sum regardless of the number of
claims or the number of years the bond is in effect.

X _____
Principal

Surety

X _____
Agent

Surety's Address

Mail to:
Arkansas Division of Health
P.O. Box 1437, Slot H-46
Little Rock, AR 72203-1437

Name and Title

Signature