COMMERCIAL DRIVER LICENSE
THIRD PARTY TESTER BOND

Tester Name:

Company Name:

Company Address, City, State, ZIP Code:

Surety Company Name:

Surety Company Address, City, State, ZIP Code:

Bond Amount: $25,000

Bond Number: Effective Date:

The above named Tester as principal and the above named company as surety, are firmly bound to the Nebraska Department of Motor Vehicles for reimbursement for retesting drivers in the event that the Commercial Driver License (CDL) Third Party Tester or one or more of its Examiners is involved in fraudulent activities related to conducting skills testing for applicants for a CDL under the provisions of Neb.Rev. Stat. §§ 60-4,155 and 60-4,158 and 49 CFR Parts 383 and 384 of the Federal Motor Carrier Safety Regulations. The condition of this obligation is the above named Tester has applied for, or has been granted approval to do business as a CDL Third Party Tester pursuant to Neb.Rev.Stat. § 60- 4,158 and Title 247 NAC 8 of the Nebraska Administrative Code, or any successor statutes subsequently amended or created, and pursuant rules and regulations. The amount of the bond is the sum stated above in lawful money of the United States of America and based upon the number of CDL skills tests anticipated annually. Liability under this bond shall be continuous in nature. In the event of renewal for one or more annual periods, the liability of the surety shall not be cumulative. Regardless of the number of years this bond is continued, or the number of annual premiums that is paid or payable, the aggregate liability of the surety during the entire period in which this bond is in force shall not exceed the stated amount of this bond. This bond may be terminated by surety giving thirty (30) days written notice to the Nebraska Department of Motor Vehicles. In the event of termination, the surety shall be relieved of liability only with respect to breaches of condition occurring on and after the effective termination date.
In witness, principal and surety have signed this bond:

_____
Signature of Authorized Tester Representative

State of _____

County of _____
The foregoing signature of the **principal** was acknowledged

before me this day _____of _____, 20_____.

_____
Notary Seal

_____
Signature of Surety Officer

State of _____

County of _____
The foregoing signature of the **surety** was acknowledged before

me this_____ day of_____, _____.

_____
Notary Seal

The address for filing and giving notice is: DMV, Driver Licensing Services, P.O. Box 94726, Lincoln, NE 68509