



PRIVATE EMPLOYMENT AGENT OR EMPLOYMENT AGENCY BOND

NORTH DAKOTA DEPARTMENT OF LABOR AND HUMAN RIGHTS

SFN 4602 (1-2025)

Name(s)	
Company (Principal)	Corporation Licensed to do Business in ND (Surety)
<p>BY THIS BOND, the above-named Principal and Surety are held and firmly bound unto the State of North Dakota, and any person damaged by any breach of this bond, in the penal sum of Five Thousand Dollars (\$5,000), for the payment of which we and truly to be made we bind ourselves and our legal representatives, jointly and severally, firmly by these presents.</p> <p>THE CONDITION of the above obligation is such that WHEREAS the Principal has made application for a License as an employment agent or agency, under the provisions of Chapter 34-13 North Dakota Century Code.</p> <p>NOW, THEREFORE, if the said Principal shall conform to and not violate any of the terms or requirements of NDCC Ch. 34-13 or violate the covenants of any contract made by such agent in the conduct of said business, then this obligation to be void, otherwise to remain in full force and effect for one year to begin on the effective date of the Private Employment Agency License issued by the North Dakota Department of Labor and Human Rights.</p> <p>Action on this bond may be brought by and prosecuted in the name of any person damaged by a breach or any condition thereof, and successive actions may be maintained thereon.</p>	
Date Bond Issued	Date Bond Signed and Seals Affixed
(SEAL)	Principal
	By
	Surety
North Dakota Resident Agent	By

ACKNOWLEDGEMENT OF PRINCIPAL

State	County	Date Appeared
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If by Partnership/Individual, complete this statement:

Name(s) of Individual(s) Making Statement

The above-named person, known to me to be the person described in and who executed the within instrument and acknowledged to me that (s)he executed the same, appeared before me on the date above.

If by Corporation, complete this statement:

Name	Position in Company
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The above-named is described in and executed the within instrument as principal and acknowledged to me that such corporation executed the same.

Notary (complete for either statement)

(SEAL)	Notary Public
	Commission Expiration Date

ACKNOWLEDGEMENT OF SURETY COMPANY

State	County	Date Appeared
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If by Officers, complete this statement:

Name(s) of Individual(s) Making Statement	Position in Company
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The above-named is described in and executed the within instrument as surety and acknowledged to me that such corporation executed the same.

If by Attorney-in-Fact, complete this statement:

Name	Company
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The above-named person, known to me to be the person described in and whose name is subscribed to the within instrument as the attorney in fact and acknowledged to me that (s) he subscribed the name of

Notary (complete for either statement)

(SEAL)	Notary Public
	Commission Expiration Date

APPROVAL

Date Approved	By (Assistant Attorney General)
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