

Washington State Bond Certification Form

WorkSource or partner staff complete this form and fax it to:

Employment Security Department
Attn: Washington State Bonding Coordinator
PO Box 9046
Olympia, WA 98507-9046
Telephone: 800-339-3981
FAX: 360-902-9662

WorkSource or partner agency

Employee Name	WorkSource or Partner Agency Name	
Address		
City	State	Zip

Employer Receiving Bond

Company/Doing Business As Name	UBI Number	
Contact Person Name	Phone	
Address		
City	State	Zip

Worker Covered By Bond

Last, First Name	Phone
Bond Effective Date (mm/dd/yyyy)	Social Security Number

Status: Veteran WorkFirst Ex-Offender Credit Risk Other

Bond Insurance Amount Requested

New \$5,000 \$10,000 \$15,000 \$20,000 \$25,000

Signature (must be signed by originator)

Telephone