



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: 360-407-1330

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 Name | First Name |
| 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