AFFIDAVIT OF INDIVIDUAL SURETY

(See instructions on reverse)

OMB Control Number: 9000-0001 Expiration Date: 2/28/2021

Public reporting burden for this collection of information is estimated to average 0.3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Regulatory Secretariat (M1V1CB), Office of Acquisition Policy, GSA, Washington, DC 20405.

STATE OF				
OOUNTY OF	SS.			
COUNTY OF				
the undersigned, being duly sworn, depose and say that competent. Where the sureties are acting as co-sureties urpose of allowing a joint action or actions against any of ecognize that statements contained herein concern a matatement may render the maker subject to prosecution of America to accept me as surety on the attached bond.	, we, the Sureties, bind or all of us. For all other atter within the jurisdiction	ourselves in such sum "jointly and seven purposes, each Surety binds itself, join of an agency of the United States a	verally" as well as "several ntly and severally with the nd the making of a false, fi	ly" only for the Principal. I ctitious or fraudule
NAME (First, Middle, Last) (Type or Print)		2. HOME ADDRESS (Number, Street, City, State, ZIP Code, email address) AND		
		TELEPHONE NO.		
3. TYPE AND DURATION OF OCCUPATION		4. NAME AND ADDRESS OF EMPLOYER (Number, Street, City, State, ZIP Code, Email address)(If Self-employed, so State)		
5A. NAME AND ADDRESS OF INDIVIDUAL SURETY BROKER USED (Number, Street, City, State, ZIP Code, email address)		5B. TELEPHONE NUMBER AND EMAIL ADDRESS HOME - BUSINESS -		
6A. NAME AND ADDRESS OF FINANCIAL INSTITUTION SUI OF SECURITIES ON BEHALF OF INDIVIDUAL SURETY (<i>Nur</i> ZIP Code, email address) AND ROUTING TRANSIT NUMBER	6B. CONTACT PERSON NAME, TELEPHONE NUMBER, AND EMAIL			
8. IDENTIFY ALL LIENS, JUDGEMENTS, OR ANY OTHER EN	ICUMBRANCES INVOLVIN	IG SUBJECT ASSETS-		
9. IDENTIFY ALL BONDS, INCLUDING BID GUARANTEES, F DATE OF EXECUTION OF THIS AFFIDAVIT.	FOR WHICH THE SUBJEC	T ASSETS HAVE BEEN PLEDGED WITHI	N THREE YEARS PRIOR TO	THE
DOCUMENTA	ATION OF THE PLEI	OGED ASSET MUST BE ATTAC	HED.	
10. SIGNATURE		11. BOND AND CONTRACT TO WHICH	THIS AFFIDAVIT RELATES (N	Where Appropriate)
12. SUBSCRIBED	AND SWORN TO BE	I FORE ME AS FOLLOWS:		
	b. CITY AND STATE (Or other jurisdiction)			Official
c. NAME AND TITLE OF OFFICIAL ADMINISTERING OATH (Type or print)	d. SIGNATURE		e. MY COMMISSION EXPIRES	Seal
AUTHORIZED FOR LOCAL REPRODUCTION			STANDARD FORM 2	8 (REV. 9/2018)

INSTRUCTIONS

- 1. Individual sureties on bonds executed in connection with Government contracts must complete and submit this form with the bond. (See 48 CFR 28.203, 53.228(e).) The surety must have the completed form notarized.
- 2. No corporation, partnership, or other unincorporated association or firm, as such, is acceptable as an individual surety (i.e., must be a natural person). Likewise, members of a partnership are not acceptable as sureties on bonds that a partnership or an association, or any co-partner or member thereof, is the principal obligor. An individual surety will not include any financial interest in assets connected with the principal on the bond that this affidavit supports.
- 3. United States citizenship is a requirement for individual sureties for contracts and bonds when the contract is awarded in the United States. However, when the Contracting Officer is located in an outlying area or a foreign country, the individual surety is only required to be a permanent resident of the area or country in which the contracting officer is located.
- 4. All signatures of the affidavit submitted must be originals. Affidavits bearing reproduced signatures are not acceptable. An authorized person must sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of a firm, partnership, or joint venture, or an officer of the corporation involved.