**Name:** _____
**Business:** _____
**Mailing Address:** _____
**City, State, and Zip Code:** _____
**Phone Number(s):** _____

## IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
## IN AND FOR THE COUNTY OF MOHAVE

## AFFIDAVIT OF PROFESSIONAL BONDSMAN

STATE OF ARIZONA )
) ss.
COUNTY OF MOHAVE )

I, _____, dba_____
[ATTACH A COPY OF CERTIFICATE OF ASSUMED BUSINESS NAME THAT HAS BEEN DULY FILED PURSUANT TO A.R.S. §20-318(A), (B) AND (C)]

or as an agent working for _____(person),
_____(company)
[NAME OF COMPANY AND PERSON WHO HAS CERTIFICATE OF ASSUMED BUSINESS NAME ON FILE]

Being duly sworn under oath, deposes and says:

1. I am a resident of the State of Arizona;
2. I have sufficient financial net worth to satisfy reasonable obligations as a surety;
3. I have not been convicted of a felony;
4. I have no judgments arising out of surety undertakings outstanding against me;
5. I have not within a period of two years violated any provisions of these rules or any Court Order.
6. I am currently licensed with the Arizona Department of Insurance and a copy of my license is attached.

_____
Professional Bond Agent

_____/_____/_____ _____/_____/_____
DOB SSN

**I declare under penalty of perjury that the foregoing is true and correct.**

Executed this date: _____

_____
Signature