



# State of New Jersey

Send to: Division of Taxation  
PO Box 189  
Trenton, NJ 08695-0189

Surety Instrument No

Pursuant to NJSA 54:39-101 et seq  
3-2011

**Form OMF-6**

## New Jersey Terminal Operator Tax Bond

### Principal

Name _____	Type of Business Entity _____
DBA _____	Contact _____ Phone: _____
Tax ID No _____	Email _____
Mailing Address _____	Business Address _____

### Corporate Agent to the Principal

### Surety

Name _____	Name _____
Address _____	Address _____
_____	_____
Email _____ Phone: _____	Email _____ Phone: _____

### Surety Instrument

Amount _____	Issue Date _____	Period Covered _____	From: _____
			To: _____
if no end date is specified, check here <input type="checkbox"/>			

The Surety is held and firmly bound to the State of New Jersey in the aggregate sum of this bond, to be paid to the State of New Jersey by the Surety or its successors, executors, administrators and assigns, both jointly and severally. The condition of this obligation is such that, if the above bounden faithfully performs and discharges all the requirements and duties imposed under the Motor Fuel Tax Act, NJSA 54:39-101 et seq, including payment of all taxes, penalties, interest, and any other obligation, then this obligation is to be void; otherwise to remain in full force and effect.

### Signature of Principal

### Signature of Surety

Primary

Primary Signature\* \_\_\_\_\_

Printed Name \_\_\_\_\_

Primary Signatory's Title \_\_\_\_\_ Date Signed \_\_\_\_\_

Primary Signature † \_\_\_\_\_

Printed Name \_\_\_\_\_

Primary Signatory's Title \_\_\_\_\_ Date Signed \_\_\_\_\_

Witness

Witness' Signature\* \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness' Title \_\_\_\_\_ Date Signed \_\_\_\_\_

Witness' Signature † \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness's Title \_\_\_\_\_ Date Signed \_\_\_\_\_

\*By signing, the principal authorizes the State of New Jersey to make available to the Surety all documents, schedules, returns, or any other information related to this bond.

† By signing, the Surety agrees to accept the documents, schedules, and returns from the State of New Jersey as sufficient evidence of liability for this bond.

### Acknowledgement

State of \_\_\_\_\_ ) Date of Acknowledgement \_\_\_\_\_  
 ) SS  
 County of \_\_\_\_\_ )

The principal or authorized representative of the principal named personally appeared before me on the date of this acknowledgement to affirm and verify that he/she is authorized to execute the forgoing instrument and acknowledged to me that he/she executed this instrument as and for the act and deed of the principal.

Notary Seal

Signature of Notary \_\_\_\_\_

Printed Name \_\_\_\_\_ Expiration of Commission \_\_\_\_\_