Washington State Bond Certification Form

Employment Security Department
WASHINGTON STATE

Employer receiving bond

Company name & industry _____

Federal Employer Identification Number (EIN) _____

Contact person name _____

Phone number _____

Address _____

City, State, Zip _____

Worker covered by bond

(please print clearly)

Last name _____ First name _____

Bond effective date _____

Address _____

City, State, Zip _____

Occupation _____ Job Start Date _____

Reason for bond: Justice involved ☐ Other ☐

Starting wage per hour _____ Hours per week _____

Bond insurance amount requested

$_____(If requesting more than $5,000, provide information on why higher amount is needed.)
($5,000, $10,000, $15,000, $20,000, $25,000)

_____ _____

Signature (must be signed by originator and legible) Phone number

Mail or email to:

Ty Reed, State Bonding Coordinator
Employment Security Department
P.O. Box 9046
Olympia, WA 98507-9046
Phone: 1-800-669-9271
bonds4jobs@esd.wa.gov