



# Pacific Financial Association, Inc.

What You Need. When You Need It.™

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## **BMC-84 Surety Bond or BMC-85 Trustor Application**

Obligee: FMCSA

1200 New Jersey Avenue, SE (W63-105), Washington, DC 20590

### **Company Information:**

<b>Legal Company Name</b> (exactly as it will appear on BMC-84 or BMC-85):			
MC#:	USDOT#:	FEIN:	State of Organization:
Type of Organization:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		How many years working in the Transportation Industry:
Physical Address:			
City:		State:	Zip Code:
Mailing Address:			
City:		State:	Zip Code:
Business #:		Fax #:	Email:
Bankruptcies, Liens, or Judgments in the Past 5 Years: <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Surety Bonds in force? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please provide name of Surety:	

Are you a US Citizen? ☐ Yes    ☐ No    Please provide U.S. citizenship status: \_\_\_\_\_

Have you or any owner/officer of the company ever been affiliated with any other MC number?    ☐ Yes    ☐ No    If yes, please complete the following:

List any MC #s with which any Principals/Officers have ever been affiliated:	If you are a previous BMC-84 holder, list bonding company name, bond number, and reason for change:
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**Commodities Brokered:** \_\_\_\_\_

**Projected Gross Freight Receipts (GFR):** \_\_\_\_\_

### **Personal Information:**

Name of Applicant:		Position Held:	% Ownership:
Home Address:		City:	
State:		Zip Code:	
Cell #:	SSN/SIN:	DOB:	
Driver's License No.	Bankruptcies, Liens, or Judgments in the Past 5 Years: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any Felony Fraud/Theft Charges:		Felony/Fraud Yes: Please advise Why?	

I verify the above statements are true and accurate; I hereby authorize a personal credit inquiry and I acknowledge that additional financial/underwriting information may be required. An Indemnity Agreement and/or Supplementary Agreement **must** be executed following initial application approval.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Applicants/Indemnitors**

**Personal Information:**

Name of 2 <sup>nd</sup> Applicant:	Position Held:	% Ownership:
Home Address:	City:	
State:	Zip Code:	
Cell #:	SSN:	DOB:

Driver's License No.	Bankruptcies, Liens, or Judgments in the Past 5 Years: <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Name:	Spouse's SSN:

I verify the above statements are true and accurate; I hereby authorize a personal credit inquiry and I acknowledge that additional financial/underwriting information may be required. An Indemnity Agreement and/or Supplementary Agreement **must** be executed following initial application approval.

2<sup>nd</sup> Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of 3 <sup>rd</sup> Applicant:	Position Held:	% Ownership:
Home Address:	City:	
State:	Zip Code:	
Cell #:	SSN:	DOB:

Driver's License No.	Bankruptcies, Liens, or Judgments in the Past 5 Years: <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Name:	Spouse's SSN:

I verify the above statements are true and accurate; I hereby authorize a personal credit inquiry and I acknowledge that additional financial/underwriting information may be required. An Indemnity Agreement and/or Supplementary Agreement **must** be executed following initial application approval.

3<sup>rd</sup> Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_