

PROFESSIONAL LICENSING BOARDS

237 Coliseum Drive

Macon, Georgia 31217

www.sos.ga.gov/plb



**Registration of Immigration Assistance Act
Immigration Assistance Provider Bond**

Applicant

KNOW ALL MEN BY THESE PRESENTS:

That we, _____
Of _____

As Principal, and _____

as surety, are held and firmly bound unto the Secretary of State of the State of Georgia, for the use of the State of Georgia, and to any person who may have a cause of action against the Principal for any malfeasance or misfeasance in the conduct by the Principal as an Immigration Assistance Provider, in the sum of \$5,000.00, lawful money of the United States of America, to be paid to the Secretary of State of the State of Georgia for the use of the State of Georgia and to any person who may have a cause of action against the Principal for any malfeasance or misfeasance in the conduct of immigration assistance by the Principal as an Immigration Assistance Provider, as their interests may appear, not exceeding in the aggregate the said sum of \$5,000.00 for which payment well and truly to be made we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents, in accordance with the terms, limitations and conditions set forth in O.C.G.A. § 43-20A-4.

WHEREAS, the above bounden Principal has applied to the Secretary of State of the State of Georgia for registration as an Immigration Assistance Provider for the purpose of acting as an Immigration Assistance Provider required to register with the Secretary of State of the State of Georgia pursuant to O.C.G.A. § 43-20A-4 et seq. (Immigration Assistance Act) (hereinafter "Act").

NOW, the condition of this obligation is such, that if the Secretary of State of the State of Georgia shall register the above bounden Principal as such Immigration Assistance Provider and said Principal shall faithfully and honestly act as such Immigration Assistance Provider in accordance with law, and fully comply with the provisions of the Act, and the acts amendatory thereof and supplemental thereto, and if the Principal shall fully indemnify and save harmless from loss the State of Georgia and any person who may have a cause of action against the Principal for any malfeasance or misfeasance in the conduct of immigration assistance as such Immigration Assistance Provider then this obligation shall be void, otherwise to remain in full force and virtue.

This bond shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted. This bond is to cover all claims arising on account of the registration of the Principal and his acting as such Immigration Assistance Provider for the full term hereof beginning on _____ and expiring on _____.

IN WITNESS WHEREOF we have hereunto set our hands on this _____ day of _____, 20____.

Name of Principal: _____

By: _____

Title: _____

Signed and Sealed in my presence this _____ day of _____, 20____.

Official Witness (Notary)

Name of Surety: _____

By: _____

Title: _____

Signed and Sealed in my presence this _____ day of _____, 20____.

Official Witness (Notary)

Jan 2018