

Wage Bond Surety Cancellation Affidavit

_____			_____	
(Company Name)			(FEIN #)	
_____			_____	
(Street Address)			(Job site - County in WV)	
_____			_____	
(City)	(State)	(Zip)	(Phone number)	

Place a check mark (✓) beside the reason listed below that qualifies your company to request a release of your wage bond:

A)	<input type="checkbox"/>	Have been actively engaged in a covered activity within the state of West Virginia, with employees, for the past five (5) consecutive years.
B)	<input type="checkbox"/>	Have totally ceased operations.
C)	<input type="checkbox"/>	Have completed the West Virginia project that required the bond to be posted and do not anticipate any future projects in West Virginia that would require a bond.
D)	<input type="checkbox"/>	Work currently being performed relates to single family dwellings and/or family farming enterprises.
E)	<input type="checkbox"/>	Replacing this bond with a different type of wage bond.
F)	<input type="checkbox"/>	No work was ever performed in West Virginia as the bond was obtained prior to being awarded the job.

The following information must also be submitted along with your affidavit with all situations except for category (F):

- 1) A list of all employees included on your most recent payroll to include their name, address and current phone number.
- 2) A notarized affidavit from each employee indicating they've been paid all wages and benefits to date. * Employee affidavits are available for printing on our website at www.wvlabor.org. If not included; there will be a delay in processing your release request while they are being obtained.

I hereby certify that each employee of the above named company has been paid all wages and accrued benefits through their most recent pay period and that the company meets the criteria specified above which authorizes me to request a release of the wage bond which was posted to protect those wages and benefits.

Print or type name and title here: _____
(Must be an owner, partner, LLC member or corporate officer)

(Signature of authorized representative) (Date)

Taken, subscribed, and sworn to before me this ____ day of _____, 20____.

(Notary Public Signature)

My commission expires _____.