



Mail original signature Bond Rider to:  
 Solid Waste Financial Coordinator  
 Florida Department of Environmental Protection  
 2600 Blarstone Road MS 4548  
 Tallahassee, Florida 32399-2400

**SURETY BOND RIDER**

To be attached to and form part of \_\_\_\_\_ bond number \_\_\_\_\_, originally effective on \_\_\_\_\_, for \_\_\_\_\_, as Principal, and \_\_\_\_\_, as Surety(ies), in favor of the Florida Department of Environmental Protection (FDEP), as Obligee. It is understood and agreed that the bond is amended as follows:

_____ Penal Sum from \$ _____ to \$ _____.		
Enter "Increase" or "Decrease"*		
<b><u>FDEP I.D. Number</u></b> (WACS or EPA ID no.)	<b><u>Facility Name</u></b> (as identified on bond, or indicate "amended to" [new name])	<b><u>New Facility Amounts*</u></b> (total of Required Action amounts for facility)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Required Action amounts are merged and related requirements of Rule 62-701.630(6), F.A.C., as amended, shall apply.

\* Reductions of the Penal Sum or any facility amount, in accordance with FDEP regulations, require prior written approval from the FDEP Tallahassee office. Authorization will be addressed to the Surety or Surety's representative and will specify the bond to be changed.

Said Bond shall be subject to all its terms, conditions and limitations, except as herein expressly amended. This rider shall become effective on \_\_\_\_\_. This rider is executed on \_\_\_\_\_. IN WITNESS WHEREOF,

\_\_\_\_\_  
 Surety Company(ies)  
 has caused its corporate seal to be hereunto affixed.

The persons whose signatures appear below hereby certify that they are authorized to execute this surety bond rider on behalf of the Principal and Surety(ies).

\_\_\_\_\_  
 Signature of Authorized Representative of Principal

\_\_\_\_\_  
 Signature of Authorized Representative of Surety (Attach Power of Attorney)

\_\_\_\_\_  
 Type Name

\_\_\_\_\_  
 Type Name

\_\_\_\_\_  
 Address of Authorized Representative

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 E-mail Address

(SURETY SEAL)