



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 MISSOURI GEOLOGICAL SURVEY  
 LAND RECLAMATION PROGRAM  
**SURETY BOND – SURFACE MINING OF MINERALS**

SURETY COMPANY NAME	BOND NUMBER
SURETY COMPANY ADDRESS	TELEPHONE NUMBER WITH AREA CODE

KNOW ALL MEN BY THESE PRESENTS, That the undersigned \_\_\_\_\_  
 (NAME OF PERMITTEE)  
 of \_\_\_\_\_  
 (MAILING ADDRESS OF PERMITTEE) as principal,  
 and \_\_\_\_\_  
 (NAME OF SURETY),  
 of \_\_\_\_\_  
 (MAILING ADDRESS OF SURETY) as surety, are held  
 and firmly bound unto the State of Missouri, Land Reclamation Program, in the penal sum of \_\_\_\_\_ dollars for  
 the payment of which sum, well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, administrators,  
 executors, successors, and assigns.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that whereas, the above named principal did on the day of \_\_\_\_\_,  
 \_\_\_\_\_, file with the Land Reclamation Program an application to secure a permit to  
 engage in surface mining in the State of Missouri, under the terms and provisions of Sections 444.760 to 444.790, RSMo, that in  
 said application the principal estimated \_\_\_\_\_ acres of land are affected or will be affected by surface mining during the  
 period corresponding with Permit No. \_\_\_\_\_.

Now if the said principal faithfully performs all requirements of the Land Reclamation Act and complies with all rules of the Land  
 Reclamation Program at 10 CSR Division 40 and satisfactorily reclaims all lands within the State of Missouri affected by surface  
 mining by said principal under permit in accordance with Sections 444.760 to 444.790, RSMo then this obligation shall be null and  
 void; otherwise it shall remain in full force and effect.

The Surety shall not cancel this bond, for any reason whatsoever, including, but not limited to, nonpayment of premium,  
 bankruptcy or insolvency of the Principal, or issuance of notices of violations or cessation orders and assessment of penalties with  
 respect to the operations covered by this bond, unless the Surety shall first give actual notice in writing to both the Program and the  
 Principal of intent to cancel the bond, stating the reasons therefore, 90 days in advance of such cancellation. The obligations of the  
 bond may not be cancelled as to acreage affected prior to the expiration of the 90 day notice period.

Application for release of the obligations of this bond may be made to the Land Reclamation Program in accordance with the  
 provisions of Sections 444.760 and 444.790, RSMo.

**PRINCIPAL'S SIGNATURE**

SIGNATURE	PRINTED NAME	OFFICIAL TITLE
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**NOTARY SIGNATURE**

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR 20	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	USE RUBBER STAMP IN CLEAR AREA BELOW
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

**SURETY'S SIGNATURE**

SIGNATURE	PRINTED NAME	OFFICIAL TITLE
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**NOTARY SIGNATURE**

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR 20	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	USE RUBBER STAMP IN CLEAR AREA BELOW
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

The amount of this bond shall be calculated as follows: \$8,000 for each permit up to eight acres and \$500 for each acre or portion thereafter of land to be affected by mining operations. Bonding requirements are per 444.778, RSMo.

Where one signs by virtue of Power of Attorney for a surety company, such Power of Attorney must be filed with the bond.

**Any notices to or correspondence with the surety hereunder shall be to the following name and address:**

BONDING COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE

Submit all forms to: Missouri Department of Natural Resources  
Land Reclamation Program  
PO Box 176  
Jefferson City, MO 65102-0176

Phone: 573-751-4041  
Fax: 573-751-0534  
Website: [www.dnr.mo.gov](http://www.dnr.mo.gov)

**FOR DEPARTMENT USE ONLY**

BOND ACCEPTED BY THE DIRECTOR (SIGNATURE)	DATE	PERMIT NUMBER
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