



State of Washington  
 Department of Agriculture  
 Agricultural Investigations Program  
 PO Box 42560  
 Olympia WA 98504-2560  
 (360) 902-1857

**IRREVOCABLE LETTER OF CREDIT IN LIEU OF BOND  
 REQUIRED OF COMMISSION MERCHANTS / DEALERS  
 UNDER CHAPTER 20.01 RCW**

The undersigned financial institution hereby establishes its irrevocable Letter of Credit Number \_\_\_\_\_ in favor of the Department of Agriculture for: \_\_\_\_\_  
 residing at: \_\_\_\_\_  
 in an amount up to: \_\_\_\_\_ which letter of credit is provided in lieu of the bond required by Chapter 20.01 RCW.

This credit shall remain in full effect until such time as the issuing financial institution notifies the department of its intent to terminate this credit and the actual date of termination shall be thirty days after the date the department receives the notice of termination from the issuing financial institution.

This financial institution will honor demand by the Director of the Department of Agriculture in any amount up to the amount stated herein. Partial drawings are allowed.

This letter of credit is available against the Department of Agriculture's draft at sight bearing the clause:

"Drawn under (name of bank) \_\_\_\_\_ irrevocable letter of credit number \_\_\_\_\_ dated \_\_\_\_\_."

Any such draft must be accompanied by a statement signed by the Director of Agriculture or an authorized individual of the Washington State Department of Agriculture as follows:

"We certify that \_\_\_\_\_ (Licensee) has failed to comply with the provisions of Chapter 20.01 RCW or the rules adopted thereunder and the amount of this draft is required to recover the damages caused by said failure."

This credit may not be modified without the written approval of the Director of the Department of Agriculture. Except as provided above, this credit is subject to the Uniform Customs and Practice for Documentary Credits (1993 revision), International Chamber of Commerce Publication No. 500.

ISSUING FINANCIAL INSTITUTION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

BANK SEAL

By: (Authorized signature and title of Officer/Agent) \_\_\_\_\_

DEPARTMENT OF AGRICULTURE  
 Agricultural Investigations Program

By: \_\_\_\_\_

APPROVED AS TO FORM ONLY:

Assistant  
 Attorney General: \_\_\_\_\_