



Office of Management & Enterprise Services ■ Capital Assets Management ■ Construction and Properties

Any singular reference to Principal, Surety, Owner or other part shall be considered plural where applicable. This document may not be altered or modified.

**OWNER (Obligee):**  
State of Oklahoma  
OMES/CAM/CAP  
P.O. Box 53448  
Oklahoma City, OK 73152-3448  
[cap@omes.ok.gov](mailto:cap@omes.ok.gov)

**PROJECT:**  
\_\_\_\_\_  
*(CAP Project Number)*  
\_\_\_\_\_  
*(CAP Project Name)*  
\_\_\_\_\_  
*(Address/Location)*

**PRINCIPAL (Contractor/Construction Manager/Design-Builder):**  
\_\_\_\_\_  
*(Company Name)*  
\_\_\_\_\_  
*(Address)*  
\_\_\_\_\_  
*(City, State, Zip)*  
\_\_\_\_\_  
*(Email address)*

**SURETY:**  
\_\_\_\_\_  
*(Company Name)*  
\_\_\_\_\_  
*(Address)*  
\_\_\_\_\_  
*(City, State, Zip)*  
\_\_\_\_\_  
*(Email address)*

**STANDARD AGREEMENT:**  
\_\_\_\_\_  
*(Dated)*  
\_\_\_\_\_  
*(Amount)*

**BOND No(s):**  
\_\_\_\_\_  
*(If bond number is different for each bond, indicate bond type associated with number)*

In accordance with the provisions of the Agreement between the Owner and the Principal, the Surety on the bond(s) of Principal hereby approves of the release of final payment to Principal. The Surety also agrees that final payment to Principal shall not relieve the Surety of any of its obligations to Owner as set forth in the Surety's bond(s) for this Project.

In Witness Whereof, the Surety Company has hereunto set its hand

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**SURETY:**  
\_\_\_\_\_  
*(Surety Company Name)*  
\_\_\_\_\_  
*(Attorney-in-Fact Signature)*  
\_\_\_\_\_  
*(Attorney-in-Fact Printed Name)*  
\_\_\_\_\_  
*(Surety Telephone No.)*  
*(Attach Power of Attorney)*

**ATTEST:**  
\_\_\_\_\_  
*(Notary Printed Name)*  
\_\_\_\_\_  
*(Notary Signature)*  
*(Notary Seal)*

**FOR INFORMATIONAL PURPOSES ONLY –**

**AGENT/BROKER:**  
\_\_\_\_\_  
*(Company Name)*  
\_\_\_\_\_  
*(Address)*  
\_\_\_\_\_  
*(City, State, Zip)*  
\_\_\_\_\_  
*(Email address)*

**OWNER REPRESENTATIVE (Consultant or Other Party):**  
\_\_\_\_\_  
*(Company Name)*  
\_\_\_\_\_  
*(Address)*  
\_\_\_\_\_  
*(City, State, Zip)*  
\_\_\_\_\_  
*(Email address)*