REQUEST TO INVEST WEST VIRGINIA CONSOLIDATED INVESTMENT FUND

DEP USE ONLY Investment Account # DEPX Date _	Permit /ID #		STO USE ONLY	
Extended Org O&G DMR 0			Fund	
Exterided Org O&G DIVING C	Other		Position	Amount
Cash performance bonds posted with the West Virginia Virginia are eligible for investment in the West Virginia provisions of W.Va. Code §12-6-8 and §12-6C-6, State by them. The State Treasurer sends the moneys to the Consolidated Fund. Principal amounts and interest earned may be distribut have been met or upon the substitution of acceptable a Fund will be withdrawn from the investor's account and \$50 will be paid upon request. Upon forfeiture, the prin Protection, and the operator will receive interest earned	Consolidated Fund, with interest agencies may request the West West Virginia Board of Treasured at any time throughout the ylternate bonding. Interest on be paid to the investor in the first cipal amount of the bond become	st payable to the cost Virginia State Tury Investments for year when applicationds, greater that quarter of the cale	pperator posting the reasurer to invest fu ir inclusion in investr ble requirements for n \$50, included in the endar year. Interest	bond. Under the nds administered nents through the the release of bonder Consolidated on bonds less than
Permittee Name				_
Phone ————				
By: Signature of Corporate Officer	Title	Pr	inted Name	
Taken, subscribed and sworn to before me this _	day of	, 2	0	
Notary Public Comr	nission Expiration			
Investment in the Consolidated Fund for the principal adiminishment of the principal amount of the bond due to bonding by the bond participant. The undersigned does hereby authorize the Departme enclosed funds (cash, certified or cashier's checks only policies and fee schedules adopted by the State Treas Investor/Name Address	o the performance of the Consont of Environmental Protection y) in the West Virginia Consolidurer.	olidated Fund doe to direct the West lated Fund. These	s not reduce the req Virginia State Treas	uirement of full
FEIN/Social Security #:	— Phone			
Individual Partnershi	o Cor	poration		
Sole Proprietorship Estate/Tru	st Oth	er (Specify) [
By: Signature of Corporate Officer	Title	P	rinted Name	
Taken, subscribed and sworn to before me this _	day of	, 2	0	
Notary Public Comr	nission Expiration			