

CONSENT OF SURETY

TO: FERMI NATIONAL ACCELERATOR LABORATORY, P.O. BOX 500, BATAVIA, IL 60510

Subcontract between Fermi Research Alliance, LLC, operator of FERMILAB and _____

(Name and Address of Subcontractor)

1. SUBCONTRACT NUMBER		2. MODIFICATION NUMBER		3. DATED
The Surety (Co-Sureties) consents (consent) to the foregoing subcontract modification and agrees (agree) that its (their) bond or bonds shall apply and extend to the subcontract as modified or amended.				4. DATE OF EXECUTION
5. INDIVIDUAL PRINCIPAL	a. BUSINESS ADDRESS	b. SIGNATURE		(Affix Seal)
		c. TYPED NAME OF ABOVE PERSON		
6. CORPORATE PRINCIPAL	a. CORPORATE NAME AND BUSINESS ADDRESS	b. PERSON EXECUTING CONSENT (Signature)		DATE: (Affix Corporate Seal)
		BY c. TYPED NAME AND TITLE OF ABOVE PERSON		
7. CORPORATE SURETY (CO-SURETIES)				
A	a. CORPORATE SURETY'S NAME AND ADDRESS	b. PERSON EXECUTING CONSENT (Signature)		(Affix Corporate Seal)
		BY c. TYPED NAME AND TITLE OF ABOVE PERSON		
B	a. CORPORATE SURETY'S NAME AND ADDRESS	b. PERSON EXECUTING CONSENT (Signature)		(Affix Corporate Seal)
		BY c. TYPED NAME AND TITLE OF ABOVE PERSON		
C	a. CORPORATE SURETY'S NAME AND ADDRESS	b. PERSON EXECUTING CONSENT (Signature)		(Affix Corporate Seal)
		BY c. TYPED NAME AND TITLE OF ABOVE PERSON		
D	a. CORPORATE SURETY'S NAME AND ADDRESS	b. PERSON EXECUTING CONSENT (Signature)		(Affix Corporate Seal)
		BY c. TYPED NAME AND TITLE OF ABOVE PERSON		
E	a. CORPORATE SURETY'S NAME AND ADDRESS	b. PERSON EXECUTING CONSENT (Signature)		(Affix Corporate Seal)
		BY c. TYPED NAME AND TITLE OF ABOVE PERSON		

(Add similar signature blocks on the back of this form if necessary for additional co-sureties.)