

State of Idaho
DEPARTMENT OF INSURANCE

700 West State Street, 3rd Floor
P.O. Box 83720
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Phone (208)334-4250
FAX # (208)334-4398

AUTHORITY FOR A BAIL AGENT TO ACT UNDER A BAIL AGENCY

Open this form in Adobe Acrobat if you would like to use the digital signature and submit button.

Instructions:

1. Fill out all of the fields on this form.
2. Click on SUBMIT below when complete or email the form to agent@doi.idaho.gov

Notes:

1. Bail Agencies must affiliated all of their Bail Agents.
2. This request must be signed by an officer of the agency/firm. The agent can not affiliate themselves.
3. For confirmation of this transaction, please consult the [SBS License Manager](#). Allow a minimum of 24 hours for processing.
4. Registrations cannot be backdated more than 15 from date Idaho Dept. of Insurance receives the request.
5. Registrations cannot be backdated prior to license issue/active date.

Notice is hereby given that bail agent listed below is authorized to act under the listed bail agency license.

Bail Agency Name: _____ Idaho License #: _____

Name of Bail Agent: _____ Idaho License #: _____

Effective Date: _____ (cannot be backdated more than 15 days)

Signature of Authorized Individual from the Bail Agency

Printed Name/Title

To submit this request click the Submit button or e-mail the form to agent@doi.idaho.gov

SUBMIT