

The Idaho Department of Insurance **PROVISIONAL LICENSE FOR RESIDENT ADJUSTERS**. To qualify, you must do the following:

- a. Sign up for and take the AdjusterPro provisional course plus comprehensive exam and pass with 80% score or better. Our website link has a specific link for these courses: <https://adjusterpro.com/idaho-insurance-claims-adjuster-license/>
- b. Put in application by paper, pay fee of \$80 in check or money order form. Attach AdjusterPro certification of passed exam, any background documentation needed and, in lieu of fingerprints, this checklist with signed attestation for the provisional license. See below.
- c. As a measure of consumer protection and in lieu of fingerprints, a provisional license requires a sponsoring agency or carrier adjuster-licensed representative, who will oversee your work and conduct and be accountable to the Department of Insurance for the period in which your license is temporary/provisional. Contact information for supervision listed below:

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

Affiliation: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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(Signature of sponsor)

*This person will be contacted by the Department and required to sign attestation as to the agreement to report to the Department on behalf of the provisional licensee.*

- d. This license will be valid for up to six months, or until test sites are once again available, at which time, the provisional licensee will have 30 days to pass the state exam and fingerprint. Provisional licenses do not renew automatically. Submit results (pass slip and receipts, etc.) to the Department by fax (208-334-4398) or email ([agent@doi.idaho.gov](mailto:agent@doi.idaho.gov)) in order to change license status from provisional to permanent. The application process will not need to be repeated or new fees collected by the state.
- e. Should background report, once that is available, have discrepancies with what has been reported on the original application, this would be grounds for revocation of the provisional license and reapplication would not be possible for one year past that date and may prevent future license approval.

Applicant's Attestation for provisional license:

1. I acknowledge that I understand and will comply with the insurance laws and regulations of Idaho.
2. I hereby certify that all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation.
3. I further certify that I grant permission to the Director of Insurance, for which this application is made, to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I acknowledge that I have 30 days to submit fingerprints and sit for the actual Idaho licensing exam and fingerprints through PSI, once available through PSI test sites.

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(Name, please print)

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(Signature)

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(Date)

Send application with attachments and this checklist to:

Idaho Department of Insurance  
PO Box 83720  
Boise ID 83720-0043

Contact: [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov) if you have questions