



**INDIVIDUAL LATE RENEWAL FORM**

Instructions:

- 1. Complete both pages of the form. All applicable fields must be filled.
- 2. Obtain a check or money order for the non-refundable reinstatement fee made out to "Idaho Department of Insurance". The renewal fee is based on your Continuing Education completion date.
- 3. Mail the completed form with the non-refundable fee to:

Idaho Department of Insurance 700 W State St. Floor 3  
PO Box 83720  
Boise, ID 83720-0043

Some license types have additional renewal requirements. For a full list of requirements please view the Renewal Information section of your [license type's web page](#).

Check the box that applies to you:

- My license has **no CE requirement**. Total Non-Refundable Fee = \$160.00
- My CE was **completed PRIOR to the expiration** of my license. Total Non-Refundable Fee = \$160.00
- My CE was **NOT** completed prior to the expiration of my license but was completed within:
  - 30 days** after the expiration of the license. Late CE Penalty-\$100. Total Non-Refundable Fee = \$260.00
  - 60 days** after the expiration of the license. Late CE Penalty-\$200. Total Non-Refundable Fee = \$360.00
  - 90 days** after the expiration of the license. Late CE Penalty-\$300. Total Non-Refundable Fee = \$460.00
  - 91-364 days** of the expiration of my license and I have **retested**. Total Non-Refundable Fee = \$80.00

**License Number:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Residential Address:**  
No PO Boxes  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Business Address:**  
No PO Boxes  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing Address:**  
Same as Residential  
Same as Business  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

*Please Note: If your license has been expired for more than 1 year, you will need to start the licensing process over. You will be required to complete a new application, retest and submit fingerprints and pay all affiliated fees.*



**Background Questions:**

Yes No

1. Have you been convicted of a crime, had a judgment withheld or deferred, or are currently charged with committing a crime, which has not PREVIOUSLY been reported to the Idaho DOI?
2. Have you been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not previously been reported to the Idaho DOI?
3. Do you have Child Support obligations in arrearage, which has not previously been reported to the Idaho DOI?
  - a) How many months are you in arrearage: \_\_\_\_\_
  - b) Are you currently subject to and in compliance with any repayment agreement?
  - c) Are you the subject of a child support related subpoena/warrant?
4. In response to a “yes” answer to one or more of the background questions for this reinstatement application, are you submitting or have you already submitted document(s) to the NAIC/NIPR Attachments Warehouse? (If not submitting to the warehouse, please attach them to this application.)

**Attestation:**

1. I hereby certify that, under penalty of perjury, all of the above 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 or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Director to be my service of process regarding all insurance matters in Idaho and agree that service upon the Director is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Director to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child support obligation, b) I have a child support obligation and am currently in compliance with that obligation, or c) I have identified my child support obligation in arrearage on this application.
5. I authorize the Idaho DOI to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and release the Idaho DOI and any persons acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of Idaho.
7. I hereby certify that upon request, I will furnish Idaho certified copies of any documents attached to this application or requested by the Idaho DOI.

**Signature:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_