

State of Idaho
DEPARTMENT OF INSURANCE

700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
FAX # (208)334-4398

**UPDATE/CHANGE THE DESIGNATED RESPONSIBLE PERSON
(FOR PORTABLE ELECTRONICS LICENSE TYPE ONLY)**

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

Date: _____ License Number or NPN: _____ FEIN #: _____

Agency Name: _____

Signature: _____
(officer or responsible person may sign this form)

- CHANGE our designated responsible person**
- UPDATE personal information for our designated responsible person**

Name: _____ License Number: _____

Business Address: _____

Mailing Address: _____

Residential Address: _____

Business Phone: _____

Email Address: _____

Submit completed form to the Idaho Department of Insurance Email:

agent@doi.idaho.gov

SUBMIT