REQUEST FOR LETTER OF CLEARANCE FROM IDAHO

Name:	License Number/NPN:
I am reque	esting a Letter of Clearance from the State of Idaho. Please send it to:
Em	nail address:
In the even	nt of any questions regarding this request, please call me.
Pho	one:
Please initi	ial below that you have read, understand, and agree to each statement:
	I understand that my resident Idaho license will be cancelled upon issuance of this Letter of Clearance and that I will not be able to conduct insurance business in Idaho until I have licensed as a resident in my new domicile state of and applied for and received my non-resident Idaho license. You can apply using our online vendor or by paper. I am the person holding/responsible for the license number referenced above, issued by the Idaho Department of Insurance, and said license has been destroyed. I hereby declare that I consider said license to be void and of no effect.
Signed:	Date:
	Signature of Licensee
TO BE CO	OMPLETED BY A NOTARY:
SUBSCRI	BED AND SWORN to before me this day
of	,
	Notary Public
	In and for the State of
	Residing at
	My Commission Expires

Please fax this completed form to 208-334-4398 or email to agent@doi.idaho.gov for processing.

Please contact us at this email address if you have any questions.