

*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  
Website: <http://www.doi.idaho.gov>

**AFFIDAVIT OF DISSOLUTION OF LICENSE**

To the Director of the Department of Insurance:

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

Idaho License Number: \_\_\_\_\_

My Idaho License is:  Lost  Stolen  Destroyed  Other: \_\_\_\_\_

The facts concerning such are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I am the person holding/responsible for the license number referenced  
(Initial here) above, issued by the Idaho Department of Insurance, and guarantee to not  
circulate or represent that it is a valid, active license.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signed: \_\_\_\_\_  
Signature of Licensee

SUBSCRIBED 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](mailto:agent@doi.idaho.gov) for processing. Contact us at this email address if you have any questions.