

# NON-RESIDENT INDIVIDUAL REINSTATEMENT FORM

**Instructions:**

Complete both pages of the form. Be sure to fill in all fields (even if there is no change from what we currently have on file.) Mail completed form with \$160 fee to:

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

All questions and concerns regarding licensing or reinstatement of your license should be directed to Producer Licensing at 208-334-4339 or via email at agent@doi.idaho.gov.

**Personal Information:**

Date: \_\_\_\_\_ License Number: \_\_\_\_\_ NPN: \_\_\_\_\_

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

Residential Address: \_\_\_\_\_

Must be a physical address.  
No PO Box allowed

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Name: \_\_\_\_\_

Must be a physical address.  
No PO Box allowed

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

- Same as Residential
- Same as Business  
PO Box allowed

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 with the \$80 licensing fee. The system may require you to submit a paper application.***

**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?   | <input type="checkbox"/> | <input type="checkbox"/> |
| a) If Yes, did you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) If Yes, was consent granted? (Attach a copy of the 1033 consent approved by your home state.)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have Child Support obligations in arrearage, which has not previously been reported to the Idaho DOI?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a) How many months are you in arrearage: _____   |                          |                          |
| b) Are you currently subject to and in compliance with any repayment agreement?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Are you the subject of a child support related subpoena/warrant?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 warehouse, please attach them to this application.) | <input type="checkbox"/> | <input type="checkbox"/> |

**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 certify that I am licensed and in good standing in my home/resident state for the lines of authority on my Idaho license.
8. 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: \_\_\_\_\_