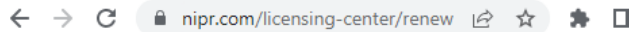


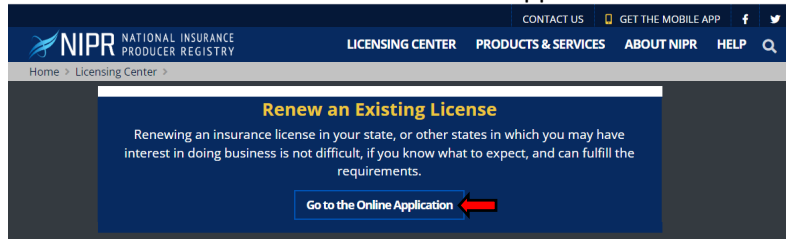
HOW TO RENEW A LICENSE

Before attempting to renew your license please make sure you have completed all the renewal requirements for your license type. To see these requirements [click here](#) and pick your license type. On the next page click the "Renewal Information" tab.

1. Once all renewal requirements are met [click here](#) to go to the online renewal application.



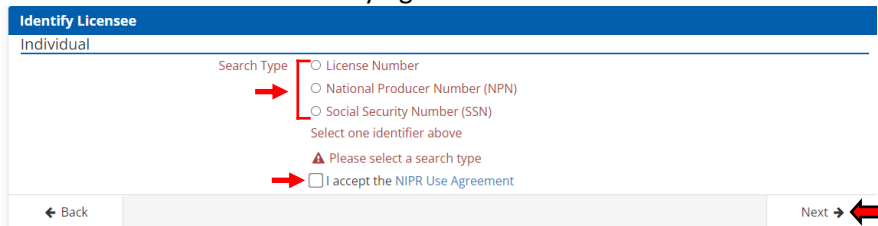
2. Click on "Go to the Online Application".



3. Select if you are renewing an Individual or Business license.



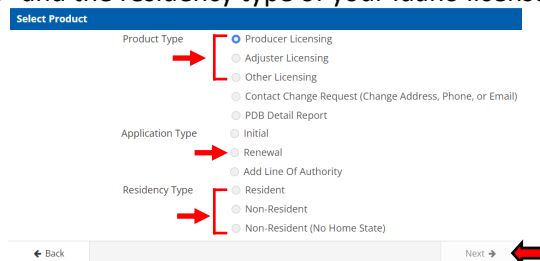
4. Enter the identifying information and click "Next".



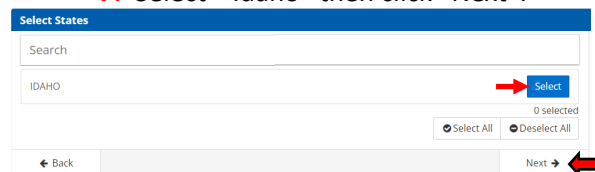
5. Click "Start".



6. Select what license type you have. When you make your selection more options will appear. Select "Renewal" and the residency type of your Idaho license then click "Next".

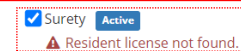
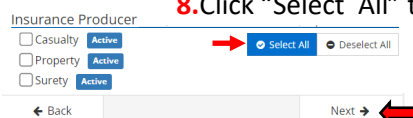


7. Select "Idaho" then click "Next".



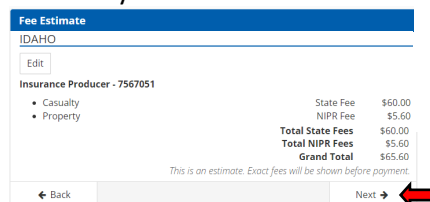
Residents: Idaho will not populate until your CE is complete and posted to your account by the CE provider.
Non-Residents: Carefully read the instructions on this page, it may ask you for your Resident state first.

8. Click "Select All" then click "Next".



Non-Residents: If you receive this error, you most likely have an LOA on your Idaho license that you no longer have on your resident license. You can either add the line in your home state or remove it in Idaho, then try to renew again.

9. Verify the fee and click "Next".



10. Verify all information in each section and click "Next". Each next will take you to the next section.

Note: You can not update your name or contact information during a renewal.

Applicant Name: HAMMOND-FLESHMAN, DAWN ANN
NPN: 7567051
Flow #: 30091521
Application State/ID: VA
Resident/Home State: VA
License #: 597944

Biographic Data

Last Name: HAMMOND-FLESHMAN
First Name: DAWN
Middle Name: ANN
Suffix: Optional
Date of Birth: 05/07/1975

Next →

If you have had any Regulatory actions or Criminal offenses since your last renewal you must answer "Yes" to the appropriate question.

11. Verify the information click next.

Background Questions Responses

1A Have you been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor, which has not been previously reported to this insurance department? No

1B Have you been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony, which has not been previously reported to this insurance department? No

1B1 If 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 16 USC 1632? Not Applicable

1B2 If you was consent granted (attach copy of 1033 consent approved by home state) Not Applicable

1C Have you been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense, which has not been previously reported to the insurance department? No

2 Have you been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not been previously reported to this insurance department? No

3 Do you have a child support obligation in any state or foreign jurisdiction? No

3A By one month, months and year, as arranger? Insurance Department? No

3B Are you currently subject to and in compliance with any reengagement agreement? Not Applicable

3C Are you the subject of a child support related subpoena? Not Applicable

4 In response to a "yes" answer to one or more of the Background Questions for this renewal application, are you submitting documents to the NAC/NIPR Attachments Warehouse? Not Applicable

4A Will you be enclosing (bring) previously filed documents from the NAC/NIPR Attachments Warehouse to this application? Not Applicable

Back Next →

12. Answer the question and click "Next".

Authorized Submitter

I am submitting for Myself
 Someone else

Back Next →

13. Read the attestation and click "I accept" then click "Next".

Attestation

Read carefully and Accept to continue.

1. I hereby certify that, under penalty of perjury, all of the 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 Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.

3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made 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 I am currently in compliance with that obligation, or c) I have identified my child support obligation arrange on this application.

5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person 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 the jurisdictions to which I am applying for licensure.

7. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

I accept

Back Next →

14. Enter the e-mail(s) you want the transaction receipt to go to and click "Next".

Verification Contact

Your receipt and any additional information about this transaction will be sent to the following email addresses.

Email Required

Email Optional

Email Optional

Email Optional

Back Next →

15. Verify the transaction information and click "Submit and Pay".

Submit Requests

The following states will be sent the requests made during this session.

State	Description	State Fee	NIPR Fee	Fee Summary
IDAHO	Insurance Producer - 7567051	\$60.00	\$5.60	Total State Fees \$60.00
	• Casualty • Property			Total NIPR Fees \$5.60
				Grand Total \$65.60

• Fees are not refundable
• Allow up to 5 days for changes to display on PDB

Requests are not complete until payment is made. Please click the Submit & Pay button.

Back Submit & Pay →

16. Enter the payment information and click "Next" until the transaction is done.