

REINSTATEMENT FORM FOR INDEPENDENT REVIEW ORGANIZATION

Date: _____ License Number: _____ FEIN #: _____

Name of IRO _____

Signature of Officer of the Firm: _____

Printed name of Officer: _____

PLEASE REINSTATE THE REGISTRATION FOR THIS IRO. BELOW IS THE CURRENT ADDRESS INFORMATION.

Business Name: _____

Business Address: _____
(Please include suite number if applicable)

Business Phone # _____ Ext. _____ Toll Free # _____

Fax Number: _____

E-Mail Address _____

Contact Name _____

Contact Email _____

Mailing Address: _____
(If different from Business address)

PLEASE ATTACH A COPY OF YOUR CURRENT URAC CERTIFICATE

Please attach a check or money order in the amount of \$600, made payable to: **IDAHO DEPARTMENT OF INSURANCE**. Mail to address below. Please contact us if you have any questions, 208-334-4250. **NOTE:** You may not reinstate after 1 year from your license expiration date. You must reapply. **The \$600 fee is Non-Refundable.**

Mail to: **Idaho Department of Insurance**
700 W State St Fl 3
PO Box 83720
Boise ID 83720-0043

Questions? Please contact us.

Email: agent@doi.idaho.gov

www.doi.idaho.gov

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