

# RENEWAL FORM FOR INDEPENDENT REVIEW ORGANIZATION

Date: \_\_\_\_\_ License Number: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Name of IRO \_\_\_\_\_

Signature of Officer of the Firm: \_\_\_\_\_

Printed name of Officer: \_\_\_\_\_

**PLEASE RENEW 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 submit with a check or money order in the amount of \$300, made payable to: **IDAHO DEPARTMENT OF INSURANCE**. This fee is **Non-Refundable**. Mail to address below:

**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](mailto:agent@doi.idaho.gov)

[www.doi.idaho.gov](http://www.doi.idaho.gov)

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