

*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

**REQUEST FOR A LETTER OF CLEARANCE FROM IDAHO**

*This form is required to be notarized*

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

I am requesting a Letter of Clearance from the State of Idaho. Please send it to:

Email address: \_\_\_\_\_

Please initial below that you have read, understand, and agree to each statement:

\_\_\_\_\_ I understand that my resident Idaho license will be canceled upon issuance of this Letter of Clearance and that I will not be able to conduct insurance business in Idaho until I have licensed as a resident in my new domicile state of \_\_\_\_\_ and applied for and received my non-resident Idaho license.

\_\_\_\_\_ I am the person holding/responsible for the license number referenced above, issued by the Idaho Department of Insurance, and said license has been destroyed. I hereby declare that I consider said license to be void and of no effect.

\_\_\_\_\_ **Surplus Lines Licensees:** In lieu of filing a separate zero tax return with the state, I herein attest that no Surplus Line premiums have been generated for Idaho for the year this form is signed and submitted in, therefore no premium tax is due the state.  
Initial if "Yes"

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**MUST BE COMPLETED BY A NOTARY:**

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

In and for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Please email this completed form to email to [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov) for processing.