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
Please verify the form is filled out completely and correctly before having it notarized.
If any corrections need to be made after the form is notarized will require the form to be filled out and notarized again.

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.

NA_____ **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 for processing.