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

RESIDENT STATE CHANGE NOTIFICATION

Open this form in Adobe Acrobat if you would like to use the digital signature and submit button.

This form is intended for non-resident licensees who need to report a change of resident state to the Idaho Department of Insurance.

DO NOT USE THIS FORM IF YOU ARE CHANGING YOUR RESIDENT STATE TO IDAHO
If you are changing your resident state to Idaho please visit our website for instructions:
https://doi.idaho.gov/industry/licensing-services/other/moving-to-idaho/

Instructions:
1: Hold a resident or designated home state license in the new state.
2: Update your address on-line via NIPR to reflect the new state.
3: Open the Resident State Change Notification form in Adobe Acrobat
4: Complete the Resident State Change Notification form. All fields are required. Any blank field will result in the notification being rejected.
5: Click the submit button at the bottom of the page or save the document and e-mail it to agent@doi.idaho.gov

1: Name on the License:_____ 2: National Producer Number:_____

3: New Resident State:_____ 4: Is this a Designated Home State? _____

Signature:_____ Printed Name: _____ Date: _____

SUBMIT

Questions regarding licensing should be directed to Producer Licensing at agent@doi.idaho.gov