

State of Idaho
DEPARTMENT OF INSURANCE

BRAD LITTLE
Governor

700 West State Street, 3rd Floor
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Phone 208-334-4250
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DEAN L. CAMERON
Director

APPOINTMENT OF TITLE INSURANCE AGENT AND/OR ESCROW OFFICER

TO: DEPARTMENT OF INSURANCE
STATE OF IDAHO
PO BOX 83720
BOISE, IDAHO 83720-0043

Notice is hereby given that (individual's full name) _____
(title/position) _____ is to be added to our Title Insurance
Agent license(s) as an individual authorized to act under the license. I certify that this individual
has the necessary instruction and experience in the field of title examinations, title insurance,
and/or escrow services to competently perform the duties of this position.

This appointment is effective: _____

Name of Title Insurance Agent: _____

License Number: _____ County: _____

License Number: _____ County: _____

License Number: _____ County: _____

Signature of Officer or Authorized Individual: _____

Printed Name: _____

*The completed form may be printed and mailed to the Department of Insurance at the above
address, or you may submit by clicking **SUBMIT** below or email to title@doi.idaho.gov*