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

Termination of a Bail Agent's Authority to Act Under a Bail Agency License

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

Notice is hereby given that the following bail agent's authority to act under the listed bail agency license is to be removed.

Bail agency terminating authority:

Bail Agency: _____ Idaho License #: _____ FEIN:_____

Bail agent being terminated:

Name of Bail Agent: _____

Idaho License #/NPN:_____

Name of Bail Agent:_____

Idaho License #:_____

Name of Bail Agent:_____

Idaho License #:_____

Name of Bail Agent:_____

Idaho License #:_____

_____ Signature of Authorized Individual

_____ Printed name

_____ Title

_____ Date

NOTES:

1.This request must be signed by an authorized individual of the company or the licensee being terminated.
2. At least one of the identifying numbers must be provided for both the Company/Firm.
3.Allow min 24 hours for process.
4. Terminations cannot be backdated more than 15 from date Idaho Dept. of Insurance receipt of your request.

Please click SUBMIT bellow or email completed form to **agent@doi.idaho.gov**

SUBMIT