

*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: \_\_\_\_\_

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Name of Bail Agent: \_\_\_\_\_

Idaho License #: \_\_\_\_\_

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Name of Bail Agent: \_\_\_\_\_

Idaho License #: \_\_\_\_\_

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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](mailto:agent@doi.idaho.gov)

**SUBMIT**