

*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 VOLUNTARY SURRENDER OF IDAHO LICENSE**

*This form is for business entities only.*

*This form is required to be notarized.*

*Please verify the form is filled out completely and correctly before having it notarized.*

Please process my request to Voluntarily Surrender the license(s) listed below from the State of Idaho. The effective date will be the date this form is received by the State.

Name: \_\_\_\_\_ License Number: \_\_\_\_\_ Date: \_\_\_\_\_

License Type(s) Being Surrendered: \_\_\_\_\_ Other: \_\_\_\_\_

Please Initial that you have read and agree to each statement below:

\_\_\_\_\_ I understand my Idaho Business Entity Producer license will be canceled and the entity will no longer be authorized to conduct insurance business in Idaho. I understand all appointments and registrations for this license are discontinued when the license is canceled. I also understand the entity's expiration date becomes the date of the voluntary surrender and should they wish to reactivate the license within 365 days past that date, a reinstatement fee to reactivate with be required.

\_\_\_\_\_ I am the authorized individual responsible for the license number referenced above, issued by the Idaho Department of Insurance, and guarantee not to circulate or represent that this is a valid, active license. I hereby declare that I consider said license to be void and of no effect.

*Signature of Authorized Officer of the Agency*

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**This form is required to be notarized.**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

Please email this completed form to [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov) for processing.