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 AN INDIVIDUAL LICENSE

This form is for individual licenses 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: _____ National Producer Number:_____ Date:_____

License Type(s) Being Surrendered:_____Other:_____

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

_____ I have read and understand the recommendation to allow my license to lapse and agree to the terms of a voluntary surrender. The terms include: my expiration date becomes the date of my voluntary surrender and should I wish to reactivate my license within 365 days past that date, I will be required to pay a reinstatement fee to reactivate.

_____ I am the person holding/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.

Surplus Lines Licensees: In lieu of filing a separate zero tax return with the state, I herein attest that no Surplus Line premiums have been generated for Idaho for the year this form is signed and submitted in, therefore no premium tax is due the state.

_____
Initial if "Yes"

Signed: _____
Signature of Licensee

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 for processing.