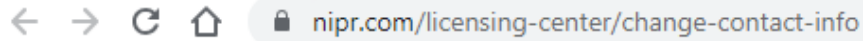


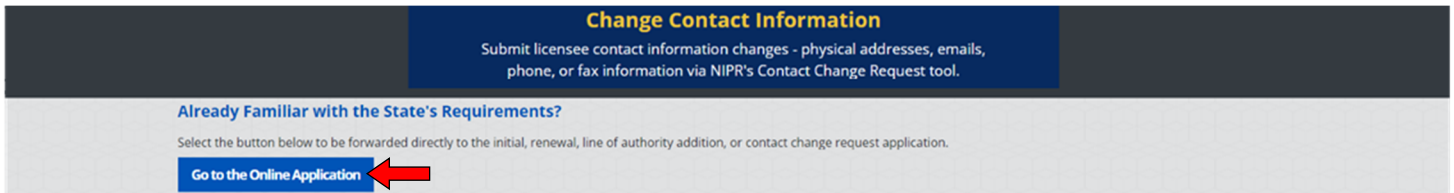
## HOW TO CHANGE AN ADDRESS

Non-Residents: Please change your address in your home state prior to changing in Idaho

**Step 1.** Go to <http://npr.com/licensing-center/change-contact-info>



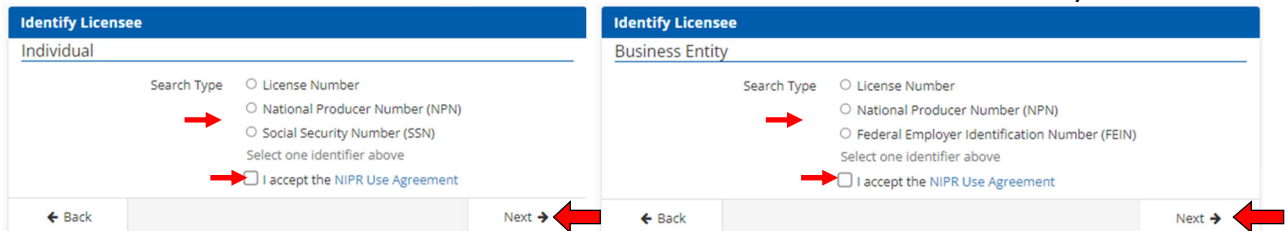
**Step 2.** Click "Go to the Online Application".



**Step 3.** Select if you are changing the information on an Individual or Business license.



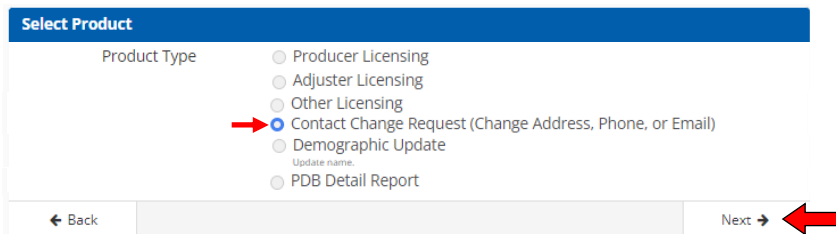
**Step 4.** Enter the identifying information, click "I accept the NIPR Use Agreement", then click "Next".



**Step 5.** Click "Start".



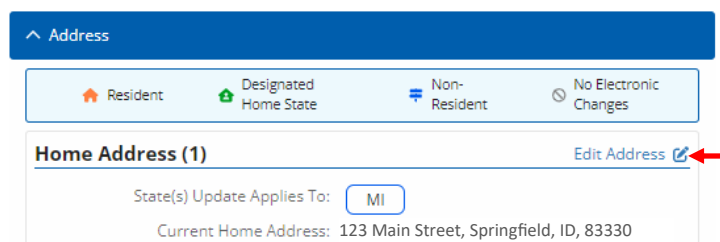
**Step 6.** Select "Contact Change Request" then click "Next".



**Step 7.** Select what you are changing. (address change is shown here, but they all work the same way)



**Step 8.** Find the address you need to change and click "Edit Address".



**Step 9.** Make sure Idaho (and your home state for non-residents) is selected. Edit the Address and click "Save".

Home Address (3)

State(s) Update Applies To:  AK  AL  AR  AZ  CA  CO  CT  DC  DE  FL  GA  HI  IA  ID  IL  IN  KS  KY  LA  MA  MD  ME  MI  MN  MO  MS  MT  NC  ND  NE  NH  NJ  NM  NV  NY  OH  OK  OR  PA  RI  SC  SD  TN  TX  UT  VA  VT  WA  WI  WV  WY

Select All

Current Home Address: 123 Main Street, Springfield, ID, 83330

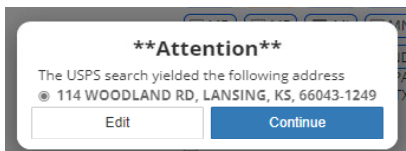
Address Line 1: 987 1st Avenue

Address Line 2:

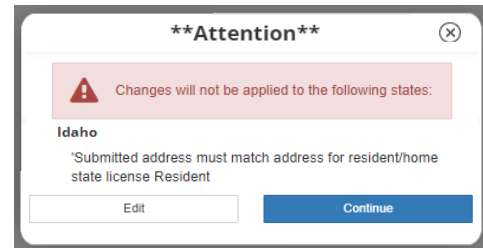
Address Line 3:

City: Spri State: ID Zip Code: 8333

**IF YOU GET THIS MESSAGE YOU NEED TO VERIFY THE ADDRESS AND CLICK EITHER EDIT ( IF IT'S WRONG) OR CONTINUE (IF IT'S RIGHT)**



**IF YOU GET THIS MESSAGE YOU NEED TO CHANGE THE ADDRESS IN YOUR HOME STATE THEN SUBMIT THE REQUEST AGAIN.**



**Step 10.** Once you've made all the changes you need to, click "Next".

**Step 11.** Review your changes and click "Next".

State	Residence/Personal	Business	Mailing
IDAHO	987 1st Avenue Springfield ID E: fake@fake.com	987 1st Avenue Springfield ID E: fake@fake.com P: (555) 555-5555	987 1st Avenue Springfield ID

**Step 12.** Click the correct option and press "Next".

Authorized Submitter

I am submitting for  Myself  Someone else

**Step 13.** Read the attestation, click "I accept", and click "Next".

Attestation

Read carefully and Accept to continue.

- I hereby certify that, under penalty of perjury, all of the information and attachments submitted in this request are true and complete.
- I am aware that submitting false information or omitting pertinent or material information in connection with this request is grounds for license revocation and may subject me to civil or criminal penalties.
- Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this request is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this request is made to verify information with any federal, state or local government agency, court or former employer, or insurance company.
- I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions in which I am licensed.

I accept

**Step 14.** Enter your information and click “Next”.

**Verification Contact**

Your receipt and any additional information about this transaction will be sent to the following email addresses.

Email

Email

Email

Email

[← Back](#) [Next →](#)

**Step 15.** Review the information and click “Submit”.  
The process is now complete.

**Submit Requests**

The following states will be sent the requests made during this session.

State	Description	State Fee	NIPR Fee	Fee Summary	
IDAHO	Contact Change Request	\$0.00	\$0.00	Total State Fees	\$0.00
				Total NIPR Fees	\$0.00
				<b>Grand Total</b>	<b>\$0.00</b>

• Allow up to 5 days for changes to display on PDB  
Requests are not complete until payment is made. Please click the Submit button.

[← Back](#) [Submit →](#)

If you have questions please contact the Department at [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov)