

**IDAHO DEPARTMENT OF INSURANCE
DESIGNATED RESPONSIBLE LICENSED PRODUCER**

AUTHORITY TO ACT UNDER **AGENCY** LICENSE

Date: _____ Name of Producer: _____ Idaho License# or NPN: _____

The producer entered above should be listed as the designated responsible licensed producer (DRLP) for our agency for lines of authority marked below:

Life	Accident & Health or Sickness	Casualty	Property
Surety	Variable	Personal Lines	Credit
Travel	Other: _____		

Notice is hereby given that the above listed individual is authorized to act under our agency license for the lines of authority indicated above.

Effective Date Agency Idaho License # or NPN

Signature of Authorized Individual Printed Name/Title

In case we have questions, please provide a contact name, email, and phone below:

Contact name : _____ Phone: _____

Email address: _____

- NOTES:**
- 1.This request must be signed by an officer of the agency/firm.
 - 2.Please click on SUBMIT below when complete or email the form to agent@doi.idaho.gov
 - 3.Allow a minimum of 24 hours for processing before checking for an update on our [website](#).
 - 4.* DRLP registrations cannot be backdated more than 15 days from the date the DOI receives the request. They also cannot be backdated prior to license issue/active date.

