

REACTIVATION FORM FOR BAIL BOND AGENT

Date: _____ License Number: _____ NPN: _____

Name: _____

Signature: _____

REQUIRED ATTACHMENTS CHECK LIST:

- BOND (must be original)
- SURETY-COMPLETED APPOINTMENT FORM

NOTE: this transaction can only be completed if there is time left on your license at time of cancellation. Reactivation will not alter the current expiration date of your license.

Residence Address:

(Apartment # if applicable)

Residence Phone #

Bail Agency Name:

Bail Agency Address:

(Please include suite number if applicable)

Business Phone #

Ext.

Toll Free #

Fax Number:

E-Mail Address

Mailing Address:

(If PO Box, indicate if business or personal)

NOTE: If your license has expired, this form is not appropriate. Consult us if you have questions about your personal license record and requirements to reactivate or reinstate: agent@doi.idaho.gov

Mail to: Idaho Department of Insurance 700

W State St Fl 3

PO Box 83720

Boise ID 83720-0043

Phone: 208-334-4339

Fax: 208-334-4398
www.doi.idaho.gov

Contact: agent@doi.idaho.gov

Equal Opportunity Employer