

State of Idaho
DEPARTMENT OF INSURANCE

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Fax (208)334-4398
Website: <http://www.doi.idaho.gov>

AFFIDAVIT OF DISSOLUTION OF LICENSE

To the Director of the Department of Insurance:

Name: _____

Idaho License Number: _____

My Idaho License is: Lost Stolen Destroyed Other: _____

The facts concerning such are as follows:

I am the person holding/responsible for the license number referenced above, issued by the Idaho Department of Insurance, and guarantee to not circulate or represent that it is a valid, active license.

Dated this _____ day of _____, _____.

Signed: _____
Signature of Licensee

SUBSCRIBED AND SWORN to before me this _____ day
of _____, _____.

Notary Public

In and for the State of _____

Residing at _____

My Commission Expires _____

Please email the completed form to agent@doi.idaho.gov for processing. Contact us at this email address if you have any questions.