

REQUEST FOR LETTER OF CLEARANCE FROM IDAHO

Name: _____ License Number/NPN: _____

I am requesting a Letter of Clearance from the State of Idaho. Please send it to:

Email address: _____

In the event of any questions regarding this request, please call me.

Phone: _____

Please initial below that you have read, understand, and agree to each statement:

_____ I understand that my resident Idaho license will be cancelled upon issuance of this Letter of Clearance and that I will not be able to conduct insurance business in Idaho until I have licensed as a resident in my new domicile state of _____ and applied for and received my non-resident Idaho license. You can apply using our [online vendor](#) or by [paper](#).

_____ I am the person holding/responsible for the license number referenced above, issued by the Idaho Department of Insurance, and said license has been destroyed. I hereby declare that I consider said license to be void and of no effect.

Signed: _____ Date: _____

Signature of Licensee

TO BE COMPLETED BY A NOTARY:

SUBSCRIBED AND SWORN to before me this _____ day

of _____, _____.

Notary Public

In and for the State of _____

Residing at _____

My Commission Expires _____

Please fax this completed form to **208-334-4398** or email to agent@doi.idaho.gov for processing.

Please contact us at this email address if you have any questions.